V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH 02364
1. PLACE OF DEATH	
County Balliners	Registration Dist. No.
Village or City Treeton	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME OSCAY algura	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE; MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 24 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	A LIEDEDY CEDTIES THE
(or) WHE of Laura /4 algue	1 HEREBY CERTIFY, That I attended deceased from 1932, no Male, 24. 1934
6. DATE OF BIRTH (month, day, and year) deel 10-1849	I last saw h Man alive on Mely 21, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30 P.m.
84 3 /4 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of opport
SAWYER, BDDKKEEPER, etc. Harrier	- `
A Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at	
this occupation (month and 1433 spent in this 50 occupation	
	Other Contributory Correct of Importance;
12. BIRTHPLACE (city or town) - Multiplease (State or country)	Sulver Burronthags. Ola
13. NAME Cultuour	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) william	What test confirmed diagnosis?
15. MAIDEN NAME Penelope Boupes	23. If death was due to external causes (VIDLENCE), fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
E (State or country)	Where did injury occur?
17. INFORMANT Mus Oscar alguri	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) uppered mil	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place State elected Date 2 - 2/, 1934	Nature of injury
19. UNDERTAKER Edw Africa	24. Was disease or Injury in any way related to occupation of deceased? You
20. FILED Mel 26, 1934 G. & From the M. L. Registrar.	(Signed) Edgal M. Dush M.D. (Address) Handbale M.D.
	2411 N. Charles Street, Valismore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.	ŧ				
Other contributory causes of importance:	100	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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1. PLACE OF DEATH	3
County Baller	Registration Dist. No. 33
Village Dr City Lumber	NoSt.,Ward
	(f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long In U.S. if of foreign birth? vrs. mos. ds.
Length of residence in city or town where death occurredyrsmo	
2. FULL NAME Day Doy Huch	gens, Allender
(a) Residence: Np. (Umalplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Way) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HER EBY CERT1FY. That I attended deceased from
2/20/34	I last saw h alive on 19 deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 130 m Bolin 430
1 day,_Ohrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	All Worn H H II
work was done, as SILK MILL, SAW MILL, BANK, etc	- Thould In month
this occupation (month and year) year) year)	
12. BIRTHPLACE (city or town) Stynston mol	Other Contributory Causes of importance:
(Stete or country)	
13. NAME Fordon Walson Andgins	>
13. NAME Lordon Halpon Andgins 14. BIRTHPLACE (city or town) Richmond	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME MAN Office allender	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME, ma (Scheece allender) 16. BIRTHPLACE (city or town) Algundon, David	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Janna Street Hudging (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDVAL	Manner of injury
Place	Nature of injury.
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify ff
20, FILED Inner 29 1934 OARSCAN	(Signed) Sime A Jaffer M. D.
Registrar	(Address) Resitue lohn not

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal eause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

ADDITIONAL	SPACE F	OR FURT	HER STAT	TEMENTS B	RY	PHYSICIAN
ADDIATOMAL	DE LECTO T	ORC T. CICK	TITLE DAKETE	THE CLASSICAL PROPERTY AND ADDRESS AND ADD	, , ,	L TI Y DIOICITAL

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUNANY S	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	TITLE	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

See instructions on back of certificate.

TION is very important.

N. B.

of OCCUPA-

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KENERVED FOR	INK-THIS
7	SN
AKGIN	TH UNFADING
	H

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	60	2	6	100
U	hu	U	V	0

1	. PLACE OF	F DEA	TH			
County Baltimore						Registration Dist. No. 32
	Village or City Sudbrook Park					No Sudbrook Lane St Ward
						f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	-				Z_yrs,mos	yrsmosgin o.s. a or tolergn biltaryrsmos
2	. FULL NAI			. Bair ook Lane		
	(a) Residen	ce: No	Suapro	(Usual place	of abode)	St., Ward.
publica	PERSON	AL AN	ID STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3.	SEX	4. COLO	R OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
f	emale	wh	ite		owed	March 18 , 193 4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced					011.04	
-	HUSBAND of (or) WIFE of	Joh	in Emory	y Bair		22. I HEREBY CERTIFY. That I attended deceased from March 14,1934, to March 18,1934
6.	DATE OF BIRTH ((month, da	y, and year) De	ecember.	26, 1848	lest saw h . er alive on March 17 , 19 34; death is said
	AGE Yea		Months	Days	If LESS than	to have occurred on the date slated above, at _3Pm.
	8	35	2	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
NO	kind of w	Trade, profession, or particular kind of work done, as SPINNER,				Semility & Chronic Invalidism
ATE	SAWYER, BODKKEEPER, etc					
OCCUPATION	Work was	done, as: L, BANK,	SILK MILL, etc			Orterio sclerasis. Duration not
S	10. Date decease	ed last wo	rked at	11. Total ti	me (years) nt in this	known Dwg P
					petion	Dther Contributory Causes of importance:
12.	BIRTHPLACE (cit	ty or town)	Hanov	er		She had been an invalid for
~	(State or cour		1 7	Pa		mony years Custo
HEF	13. NAME JE	2550	Kohler			
FATHER			own)			Neme of operation_NoneDate of
_	(Stete or		1. Trd	Pa.		What test confirmed diagnosis? Clinical Was there an autopsy? No
MOTHER	15. MAIDEN NA	ME SE	arah Ki	naig		23. If death was due to externel ceuses (VIDL ENCE) fill in also the following:
MO		(city or to	own)Pa			Accident, suicide, or homicide?
						Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mary C. Berger (Address)Sudbrook Lane, Balto. Co., Md. 18. BURIAL, CREMATION, DR REMOVAL			e Balto.	Co. Md.	Specify whether injury occurred in INDUSTRY, in nome, of in Public Place.	
					Manner of injury	
	Place Har	nove	r. Pa.	Date Marc	h 20,1934	Nature of injury
19	UNDERTAKERJ	ohn (O. Mitc	hell & S	ons, Inc	24. Was disease or injury in any way related to occupation of deceased?_NQ
	(Address)	L900	Eutaw	Place	-7	If so, specify
20.	FILE MUCh ?	20	1934	note	Myse	(Signed) 6 McCaulo M. D.
		,			Kegistrar.	(Address) Pulls vill. My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:	1		
Gallstones	May 1,1923	Gastroenteritis	1 year		
			1 2 2 2 2 2 2		

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02368
1. PLACE OF DEATH	
County / Falls , 5.	Registration Dist. No. 40
Village or City Baldwar	No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many C. Baldu	our management of the second
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 9 27 , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of The Late Harry A. B alkwin	22. HEREBY CERTIFY, That I attended deceased from
C1-12-1016	Last saw h_2/ alive on
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	3707
67 6 10 lday,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Construct homonhane 3/27/2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1117
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 2 13. NAME William E. Whithorf	A Typer Menson
14. BIRTHPLACE (city or town) (State or country)	Name of operation
(citate of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Many Z. Juca	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Man Z. Sheet 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cour. Date Nucl 30, 19 3 4	Manner of Injury
19. UNDERTAKER Clavering F. arthur (Address) of one mile	24. Was disease or injury in any way related to occupation of deceased?
20, FILED 3/28, 19 Mally MV MRegistrar.	(Signed) J. J. J. J. J. J. J. J. J. M. D. (Address) J.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1034	Example II	
The principal cause of death and related causes of importance were as follows:	1 1 90 .	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RUPE.Al	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAvery item of infor-ORD. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT IN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

/	CERTIFICATE OF DEATH 02370
1. PLACE OF DEATH	210-m
County Sallmys ,	Registration Dist. No.
Village or City mean Afers being.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsyrs	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 52 Shoemaker St.	Mostly Finant Pennsylvania
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH JAnch 27, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Selia Gelitet	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Bet. 13, 1892	I last saw h alive on
7. AGE Years Months Days II LESS than	to hava occurred on the date stated abova, atm.
42 5 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade, profession, or particular	Stilled in automobile on Halls Date of onset
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this oscupation (month and	deselod and Missburg
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Moletused Skyel and Broken
O 10. Dato deceased last worked at this occupation (month and year) spent in this occupation occupation	Neck
12. BIRTHPLACE (city or towo) Lemsylvania (State or country)	Other Contributory Causes of importance:
# 13. NAME Elmer Bechtet	
13. NAME Clare Section 13. NAME Clare 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME LOCEMAN SMUMAN 16. BIRTHPLACE (city or town) 1.	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT William N. Jerlog. (Address) Steellow Par	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Haryesburg a. Date Health 30, 1934	Nature of injury
19. UNDERTAKER John Burns Sons (Address) January Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 28, 184 No P. Buff	(Signed) William ! Jutter (Cocosterto) D
If more blanks are needed, address State Registrar.	(Address) AND AND MA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
		1915	Attack of epilepsy	
Chronic interstitial ne	ephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
	1 APR 9 1036			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis C	1921	Run over by street car	1 week a
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days a
APR 3-1924			1111111111
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

				1		
ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PERMANENT B.-WRITE PLAINLY WITH UNFADING INK-THIS

S. No. 1

item of

ARGIN RESERVED FOR BINDING

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN		

AGE should be stated EXACTLY.

mation should be carefully supplied.

PHYSICIANS should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
County / 2/1/2/1/2/1/2/2/2	Registration Dist. No. 44
Village or City /cizedale	No. St. W
1 89/	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME / Sederus John	life.
(a) Residence: No. 100 200 100 100 100 100 100 100 100 100	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	(Month) (Dey) (Year
HUSBAND of Hannah- Bohlen	22. I HEREBY CERTIFY That I ettended deceesed
	May 2 333, 6 ffante 16 , 19:
6. DATE OF BIRTH (month, dey, and year) march 29, 1832	Wast sew h com alive on March 16 , 1934; death is
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 4.40P.m.
82. 1 16 1 dey,hrs	mera de julione.
8. Trede, profession, or perticular kind of work done, es SPINNER	Toronary Outuring. Pate of
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	/
10. Date deceased lest worked at 11. Total time (yeers)	
this occupation (month and yeer) spent in this occupation	
12. BIRTHPLACE (city or torks) Lemmes Cu Mid	Other Contributory Causes of Importance:
(Stete or country) Mary and	was square distant
13. NAME John Bohlen	1
14. BIRTHPLOCE (city or town). Germany	Neme of operation Date of
(Stete or country)	Whet test confirmed diegnosis duncal . Was there en autopsy?
15. MAIDEN NAME Wickman	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Lewis	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur?
17. INFORMANT Mis Lymbleson	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Phil. Ord. Prosedale	
18. BURIAL, CREMATION, OR REMOVAL Company 19 131	Manner of injury
Place from and full am em Detal Marion 1, 1909	Nature of injury
19. UNDERTAKER rederich Lassahno Jons	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) 7401 Belging Good	If so, specify
20. FILED 3/19 1934 John 6. Connelly	(Signed)
Registrar	(Address) franchischer Man

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Belggar		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PL.

DINDING	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ate.
FOR	V SI	stated	prope	certific
ANGIN RESERVED FOR BINDING	UNFADING INK-THIS	upplied. AGE should be	terms, so that it may be	e instructions on back of
	-WRITE PLAINLY, WITH	mation should be carefully si	CAUSE OF DEATH in plain	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	0237

1. PLACE OF DEATH			93-2		
County Baltimore					
	rbutus deeth occurred	2 yrs 6 mos	No. North Ave. St., f death occurred in a horpital or institution, give its NAME instead of street a ds. How long In U.S. if of foreign birth? yrs.	Mand number)	
2. FULL NAME Katheri	ne Brave	r			
(a) Residence: No. North			XX, X X X X X X X X X X X X X X X X X X	and State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	l	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 4 (Year)	
5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of WILLIAM J.			22. I HEREBY CERTIFY, That I ettend	led deceased fro	
6. DATE OF BIRTH (month, dey, and year)	ecember	12. 1863			
7. AGE Yeers Months	Deys	If LESS then	to have occurred on the date stated above, at 5 - 30 A.M.	, dectii 13 sc	
70 3	19	I dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance wera es follows:	Date of onse	
8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEFPER, etc. 9. Industry or business in which work wes dona, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 3/34 occupation (month and 3/34)			Myocardial degeneration		
			(sudden death)		
12. BIRTHPLACE (city or town) Balt. (State or country) Mary	imore		Other Contributory Causes of importance:		
			Acute dilatation		
13. NAME John N. Sci			Name of operation	-	
(State or country) Germa			What test confirmed diagnosis? Was thera an autopsy?		
15. MAIDEN NAME Cleopha	ingle		23. If deeth was due to external ceuses (VIOL ENCE) fill in elso the follow		
15. MAIDEN NAME Cleopha 16. BIRTHPLACE (city or town) (State or country) German			Accident, suicide, or homicide?A Date of injury	, 19	
(Address) Arbu	Brauer Lus Md.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.	
18. BURIAL CREMATION, OR REMOVAL Plece	Dete Op	3, 1934	Mannar of injury		
19. UNDERTAKED STATES	int an	e.	24. Wes disease or injury in any way related to occupation of decaased? If so, specify		
20. FILED	Les	Registrary	(Signed) faut Janel Cor (Address) Halethorpe, Md.	onerx xx	

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100			2 2 2
Other contributory causes of importance?	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2.			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1 E.

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AGE should be

item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	375
1. PLACE OF DEATH	(31)	
County (Sellimin	Registration Dist. No.	
Village or City Lev as	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos.	0\$-
2. FULL NAME LOLMAND JAN	Uon	
(a) Residence: No. [Usual place of abode)	St., Ward. If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May ch 3 1 (Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended de	coased from
	June 1932, 10 Man 3	., 19.3.4/
6. DATE OF BIRTH (month, day, end yeer) about 1866	ty 2.0	death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
68 ormin.	(· · · · · · · · · · · · · · · · · · ·	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Oprflyg	3 days
year) - 9 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	Other Contributory Causes of importance: Champie In un total Nephils	240
TI 13. NAME UNISWUM	3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of Dete of	
(State of country)	What test confirmed diagnosis? Was there an au'	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
17. INFORMANT Alms former record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, er in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Stevens Chapel at Hote april 3 7, 1934	Manner of injury MOVAL Nature of Injury	
19. UNDERTAKER William & Brooks & Day (Address) Spays mg.	24. Wes disease or Injury in eny wey related to occupation of deceesed?	
20. FILED April 3, 1924 William & Chilosoft Registrar.	(Signed) US & Blown (Address) Crebeynille M	M.D.

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PUREAU Y. 5				
e arm to thinking it will	and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Other contributory causes of impertance:		Other contributory causes of importance:	
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The state of the s			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Name of deceased changed from EDWARD to EDGAR M. by telephone verification from Dr. Garrett 3-29-34. He will send written authorization March 31, 1934. - I. de 4/2/34

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH 02377
1. PLACE OF DEATH	95.7
County 12 arl bours	Registration Dist. No. 3-3
Village or City Character Thurks	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ana on Brecher	ar are
(a) Residence: No. Survey of Lease of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23' 1934.
5a. If married, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 726-18-1850	liast saw h alive on Zuch 23 ,1934; death is seld
7. AGE Yeers Months Days If LESS than 1 dey,hrs.	to have occurred on the date steted above, at 1/1 3.0 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8: Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Oarder- Gasculas Disease
10. Dete deceased lest worked at this occupation (month and yeer) - 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Fred (Stete or country)	Other Coutributory Causes of importence:
13. NAME John Bretoman	
14. BIRTHPLACE (city or town) Prol	Neme of operation Date of
(State or country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Orover Checker lan	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT John Brichman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place IR Ilamos Date UCA: 26, 1934:	Menner of injury
19. UNDERTAKER Franks S. Franks	24. Wes disease or injury in eny wey related to occupetion of deceased?
20. FILED Frede 24, 1934 Aron Sea Jest Registrar.	(Signed) of M Slash M. D. (Address) Ling Ling Lown My
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of do of importance were as fo	eath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	APR 5 1934	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	s	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory cause	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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JARGIN RESERVED FOR BINDING

V. S. No. 1

County Saltinia	Registration Dist. No. 37
Village or City Lex as	NoSt.,Wall death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME flerry Bull	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (drite tha word)	21. DATE OF DEATH March (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1934 to Man Charles
Der of other from the second of 9	lest saw home elive on Tel 28 , 1937; death is si
AGE Years Months Days If LESS than	to have occurred on the date stated above, at .5 A .m.
2 lur 75	The PRINCIPAL CAUSE OF DEAT11 and related causes of importance were as follows: Date of one
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sentity
9 Industry or business in which work was done, as SILK MILL,	A Colonia
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Mumo Scensor 16 91
2. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME UNIFORMS	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis?
	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT alms Him Record, (Address) Lex as med	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Wise Cargles Date Thanh 37,1934	Menner of injury Nature of injury
9. UNDERTAKER William b. Brooks & Son. (Address) Stanler Maniford.	24. Was disease or injury in any way related to occupation of deceased?
O. FILED March 1st 1934 William & Chilcoat	(Signed) 03 82 0 3 em 18

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	to makes	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
BUDEAU V. S.			
Other contributory causes of importance: Gallstanes	May 1,1923	Other contributory causes of importance:	1 year
Gaustanes	May 1,1925	Mistraentorius	1 year
		1	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	tem of infor-	should state	of OCCUPA-	
	BWRITE PLALY, WITH UNFADING INK-THIS IS A PERMANENT R. RD. E. , item of infor-	PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
NDING	MANENT R	KACTLY.	lassified. Exa	
MARGIN RESERVED FOR BINDING	HIS IS A PER	be stated E	be properly c	TION is very Important. See instructions on back of certificate.
RESERVE	ING INK-TI	AGE should	o that it may	tions on back
MARGIN	TTP ONFAD	ully supplied.	plain terms, s	t. See instruc
9	PLAINY, W	pure be carefu	F DEATH in	ery Important
5. 70. 1	B.—WRITE	mation sh	CAUSEO	TION is

County Baltimore	93:4)
# ************************************	Registration Dist. No.
Village or City Colgate	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Ralph Bunner	
(a) Residence: No. 521 South 45th.	St. Ward. 12th Election Dist.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX Male 4. COLOR OR RACE White S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH March (Month) (Oay) (Yeer)
a. If married, widowed, or divorced HUSBANO of Marie Bunner.	22. I HEREBY CERTIFY, That I attended deceased fr
DATE OF BIRTH (month, day, end year) July 25th. 1904	I last saw h alive on, 19; death is s
. AGE Years Months Oays If LESS than	to have occurred on the date stated above, etm.
Twenty Nine Eight Five 1 day,hrs	The PRINCIPAL CAUSE OF OEATH and related causes of importence were es follows:
8. Trade, profession, or particular side of work done, as SPINNER, Steel Worker.	Myocardial Insufficiency
kind of work done, as SPINNER, Steel Worker SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this genuation (month and	
10. Date deceased last worked et this occupation (month and year) March 25th graph to this occupation	
2. BIRTHPLACE (city or town) Walker. W. Va. (State or country)	Other Contributory Causes of importance:
13. NAME unknown	
13. NAME UNK NO WR 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
15. MAIOEN NAME UNKNOWN	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide? Oate of injury, 19
7. INFORMANT Mrs, Marie Bunner.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Wheeling. W. Va. Oate 4/3/34 19	Manner of Injury
9. UNOERTAKER J. J. Connelly. (Address) / Essex. Maryland	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEO 3/31/2 Vr. Mla arene Registrar.	(Signed) frederick of block and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1934	July 5,1927	Peritonitis Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		, A		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. EXACTLY. properly classified. certificate. stated pe AGE should be See instructions on back of mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important. -WRITE PLAINLY

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	96) 02380
County Balls	Registration Dist. No. 3
Village or City Bainy	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME I Sta Mac Burgman	
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 4 1880	I last saw he - alive on man 8 , 10 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
53 90 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	A Date of white
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this corporation (month and	bascinoma of stomach
work was done, as SILK MILL, Jakeslady SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
m 1	Other Contributory Causes of importance:.
12. BIRTHPLACE (city or town) (State or country)	Toucheful
13. NAME Carol Busman	1 0
14. BIRTHPLACE (city or town) M. (State or country)	Name of operation & Selosalory Superotorme of Korr 103
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anna & albott	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Conna & Othorth 16. BIRTHPLACE (city or town). (State or country)	Accident, suicide, or homicide? Date of injury, 19
m. M. A. H. m.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / MO IV ever // My (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury
Place M Quel Gem Date March 1,1934	Nature of injury
19. UNDERTAKER Leline & Sons (Address) Rentenday on M.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED med 9 19 3 4 Agric Shates	(Signed) M.D.
Registrar.	(Address) Usualization, Mag

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- 11 V. S.				
Other contributory causes of importance:) I S	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

V. S. No. 1

	County Ballimore	Registration Dist. No. 40
	Village or City Men ar	No. St.
	Length of residence in city or town whare death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and num yrsmosds How long In U.S. if of foreign birth?yrsmos
	2. FULL NAME Leorgian	9
	(a) Residence; No.	St. Ward.
	(Usual place of ab	
	PERSONAL AND STATISTICAL PARTICU	LARS MEDICAL CERTIFICATE OF DEATH
7	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (2)	widowed, 21. DATE OF DEATH March 4 (Month) (Day)
5a	If married, widowed, or divorced	
	(or) WIFE of Chillon, / Dec	rlose Let 3 1934 to march 4
e 6.	DATE OF BIRTH (month, day, and year)	I last saw h. a slive on huch 2 1954; de
7.	AGE Yeers Months Days	If LESS than to have occurred on the date stated above, at
certificate		day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importenca were as follows:
	8. Trade, profassion, or particular	Well as Tollows.
TION	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ort
back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
on ba		vears)
	10. Date deceased last worked at this occupetion (month and year)	this ————————————————————————————————————
tio.	BIRTHPLACE (city or town the limone	Other Contributory Causes of Importance:
ruc	(State or country)	I shrows Int. histories
instructions	13. NAME - Mauso	
See inst	14. BIRTHPLACE (city or town) 2 1	Nama of operation Date of
_	(State or country)	What tast confirmed diagnosis? Wes there en au'op
ant. HER	15. MAIDEN NAME	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Dete of Injury
du -	(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17 18	(Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION OR REMOVAL	_ 5 Manner of injury
z -	Place Date Date	Natura of Injury
NOIL 19	UNDERTAKER (Address)	24. Was disease or injury In any wey releted to occupation of deceased?
	1, FILED 8/5 1934/1911/19/19	(Signed) Chases wson

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

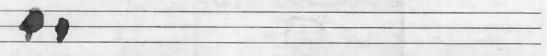
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Box	e des		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



ing in the took

Every item of inforshould state of OCCUPA-PHYSICIANS statement A PERMANENT RECORD. FOR BINDING properly classified EX certificate. stated IS UNFADING INK-THIS ARGIN RESERVED See instructions on back of it may AGE should so that supplied. DEATH in plain terms, LY, WITH carefully TION is very important. mation should -WRITE PLA CAUSE OF

V. S. No. 1

rá

(State or country

18. BURIAL, CREMATION, OR BEMOVAL

(Addrass)

(Address)

19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	107-20
County Baltimore lo	Registration Dist. No.
Village or City Lutherwille, Md.	No. / ZULL / Ward death occurred in a hospital or idstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 90 yrsmos.	death occurred in a norphal of pasticulon, give in training instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henrietta augusta	Carl
(a) Residence: No. / Lurty Que! (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH March 22, 1934 (Month) (Day) (Yaar)
5a. If married, widowed, or divorces HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 1834 to Warel 21, 1939
6. DATE OF BIRTH (month, day, and year) May 20 - 1840	I last saw h & alive on Warely 21, 193 9; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10,00 A.m.
93 10 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Puremonia (transles) 3/7/34
SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWHILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this progration (month a	Vitation of many Vitat
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) adams loo. (State or country)	Other Centributery Causes of importance:
13. NAME Jadensh B Cash	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? ###
15. MAIDEN NAME Characte Harmon 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Data of injury, 19

Nature of Injury If so, specify

(Specify city or town, county and Stale)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

(Signed) (Address)

Registrar.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

Exact statement of OCCUPA.

be properly classified.

CAUSE OF DEATH in plain terms, so that it may

mation should be -WRITE

V. S. Mo.

every item of infor-

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF				(30)		02353
,	ltimore			^ \	Registration Dist. No	42
Village or Ci	ty English Co		No	in a hospital or institut	non, give its NAME instead of st	St., Ward
Length of resid	ence in city or town where d	eath occurredyrsmo			f foreign birth?yrs	
2. FULL NAM	NE I	mma E.Carson,	Mill Co.			
(a) Residence	e: No. English	Consul (Usue) place of abode)	St.,	Ward.	If nonresident give city or I	own and State
PERSON	AL AND STATIST	CAL PARTICULARS	1.4	MEDICAL C	ERTIFICATE OF DE	ATH
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WICOW	21. DATE	OF DEATH	MAR 18 19	34 , 193_ (Year)
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced William T.C	arson,	22. n. w		CERTIFY, That I;	attended deceased from
6. DATE OF BIRTH (month, day, and year) Js	nuary 8,1850			mar 18	
7. AGE Year	s Months	Days If LESS than 1 day, hrs	ii.	PAL CAUSE OF DEAT	ed above, at 3 Pni. FH and related causes of importai	nce Oate of onset
SAWYER, Industry or b work was SAW MILL 10. Dato decease this occup year) 12. BIRTHPLACE (city (State or coun) 13. NAME	or town)	None 11. Total time (years) spant in this occupation phia Penna, 1.	acut , Du	enephritis ration tha sibutory Causes of Impo	ae weeks.	
14. BIRTHPLACE (State or		ind	Name of ope		ana Wast	Date of
15. MAIDEN NAM	(alty or town)	mett, m Mass,	Accident, su		uses (VIOLENCE) fill in elso the	, , 19
	rs William English Cor		Specify whe	ther injury occurred in	(Specify city or town, county n INDUSTRY, in HOME, or In PU	and State) BLIC PLACE,
18. BURIAL, CREMATI	On, OR REMOVAL Olivet Cem.	Date MAR 21 193	Manner of in			
19. UNDERTAKER	700 Edmonds	on Ave	If so, specif	ly	vay related to occupation of dece	ased?MS
20. FILED MOL	20,1930	My Registrar.	(Signed	(Address) 9	39 Former	Ser ml

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the 'term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Undergother contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

02384

I. PLACE OF DEATH	100
County / Sal/won	Registration Dist. No.
Village or City Cockeyswells	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Clarence Les Caus	lou
(a) Residence: No. Beauty Daniel Cock	St. Ward. (Eyandle P. G. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (write the word) Sue gla	21. DATE OF DEATH March (Month) (Dey) (Yeer)
5a. tf married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
11'100 1000	Hast saw him alive on March 24 2 1934; death is sal
6. DATE OF BIRTH (month, day, and year) April 29/920	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
13 10 26 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	J
SAWYER, BOOKKEEPER, etc.	Lun phalenilis 9mo.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occuration (month and	
SAW MILL, BANK, etc	Muna
this occupation (month and spant in this occupation	
12 BIRTHPLACE (city or town) Baclo, Co	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Lolar Premary 10 days
	- Lobar Incumorea 10 days
I 13. NAME John & Causion	
13. NAME John & Causion 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Clusteal Was there an autopsy? 31 c
15. MAIDEN NAME Glorgianna ase	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT tohu & Causion (Address) Cockeyswills med	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Depleus Chapel Count Dote March 27, 1934	- Nature of Injury
Vm 0 19-11 of	
19. UNDERTAKER Aly Orach 1 Sand	24. Was disease or Injury In any way related to occupation of deceased?
	(Signed) Thu H Drack M.
20. FILED () Carch 26, 1934 JH Drach (m 2)	Clarks M. Out
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

Exact statement

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02385
1. PLACE OF DEATH	93-0
County Ballework	Registration Dist. No.
Village or City Calouavile (If	No. 3 & Melione WE St., Ward dealy-occurred in a hospital or institution, give its NAME instead of street and number)
	8 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cunix M. Hamberl	law
(a) Residence: No. 2 & Melli Que (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR TACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 13 1933 4
5a. It married, widowed, pr divorced HUSBANO of (or) WIFE of Ref W S. Chambelann	22. I HEREBY CERTIFY, That I attended deceased from 22. 1934, to May 13, 1934
6. DATE OF BIRTH (month) Talagreen 5 / 8 (6)	Hast saw has alive on May 13, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.36 m.
73 10 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this open was not in this security of the	Cechal hemarhage 3/6/34
SAW MILL, BANK, etc 10. Date deceased last worked at this optional months are this optional of months are the population.	Other Coutributors Causes of Importance;
12. BIRTHPLACE (city of town) Mary laws (State or country)	Ohr. Myocardelis 1929
13. NAME GLOSAGE M. Fretwell	
14. BIRTHPEACE (city or own) Define Control (Control of Control of	Name of operation
15. MAIDEN NAMEMARAGE Confrere	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mangaret Cubrers 16. BIRTHPLACE (city or town) Place (Slate or country)	Accident, suicide, or homicide?Oate of Injury, [9
17. INFORMANT States 1. Chambellain. (Address 8 melone Ove Calcusvillo	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL DV MALLES	Manner of injury
Place to out of Date //av.13, 1934	Nature of injury
19. UNDERTAKER Easton Sons (Address) Ellis & Celi	24. Was disease or Injury In any way related to occupation of deceased?
20. FILEO 3/15 , 1934 Habrilana Registrar.	(Signed) (Address) (Address) (Address) (Address) (Address)

If more blanks are preded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ORD. UNFADING INK-THIS IS A PERMANENT I IARGIN RESERVED FOR BINDING N. B.-WRITE PL. V. S. No. 1

STATE OF MARYLAND—	DERTIFICATE OF DEATH 02386
1. PLACE OF DEATH	637
County Sellmin	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME John Chamler	<u> </u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (portie the word)	21. DATE OF DEATH on ch 3 , 193 3 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Man 28, 1934, to Maney 31, 1934
6. DATE OF BIRTH (month, day, and year) months 1865	I last saw h alive on may 30, 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
69 — I day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL,	WANTHING 4d
work was done, as SILK MILL, SAW MILL, BANK, etc.	A Company
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
O a constant	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME On chavel chambers	
14. BIRTHPLACE (city or town)	Name of operation
(oute of outer)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CATCHER JEW	23. If death was due to external causes (ViOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Callettina Cantalla (Address) 247 nome.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Justifier Texas Date Works 17, 1934	Nature of injury
19. UNDERTAKER William le Brooks & Son	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 3/ 1934 William J. Chilcout.	(Signed) 3 1 3 1 M. D. (Address) Creptysselly Types
If more blanks are needed address State Registrar	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 5 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

1. PLACE OF DEATH Country Village or City Vill	STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 02387
Village or City. No. (If death occurred in a horpital or institution, give in NAME instead of street and number) Length of residence in city or town where death occurred. (a) Residence: No. (busingbase of shools) (Clustipbase of shools) (C	1. PLACE OF DEATH	<u> </u>
Length of residence in city or town where death occurred. 1. Engineering in the control of the	County 200	Registration Dist. No. 4
Length of residence in city or fown where death occurred yr mos. ds. Now, long in U. S. if of loreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City / Lungare	No. St., Ward
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Usuasplace of abodo PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE OR DIVORCED (surise the word) 5. SINCLE MARRIED, WIDOWSD, ORD (Surise the word) 5. HI married, widowed, or divorced (on pite to the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vests Months Days 11 ESS than to have courred on the date stated above, et. 1 Isal saw Machine bear of the date stated above, et. 1 Isal saw Laws bewe on. 1 Isal saw Laws be	Length of residence in city or town where death occurred vrs	to the second se
(a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3.5EX 4. COLOG OR BLCE OR DIVORCED Centric this world) 59. If married, widowed, or divorced (cons) with a constant of the c	OP + R	to Atill Birth
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4 COLOR, OR BACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 103 June 103 Ju		To Wand
3. EX. 4. COLOR OR BACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (curric the word) 193		
So. If married, widowed, or divorced HUSEAND (Month) (Day) 133 (Jean) 133 (Je	PERSONAL AND STATISTICAL PARTICULARS	S MEDICAL CERTIFICATE OF DEATH
## Source		word) /NW 2 19324
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If UESS than Iday. Iday. If UESS than Iday. If UESS than Iday. If UESS than Iday.	5a. If married, widowed, or divorced	
T. AGE Years Months Days If LESS than 1 day hrs. or min. The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest Note of the principla stand of work done, as SPINNER, SAWTER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BAIK, etc. 10. Date deceased last worked at spent in this occupation occupation work wes done, as SILK MILL, SAW MILL, BAIK, etc. 12. BIRTHPLACE (city or town) (State or country) The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCIPLA CAUSE OF DEATH and related causes of Importance were as fallows: Date of onest The PRINCI	(or) WIFE of	22. I HEREBY CERTIFY, That I attended decesed from
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Same of operation		S than to have accurred on the data stated above at 9
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at hypographic spann in this occupation (month end year) spann in this occupation (month end year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or coentry) 17. INFORMANT (Address) 18. BURIAL, GREMATION, OR REMOVAL Place (Country). 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Trade immediately country (Signed) (Signed) (Signed) (Address) M. D. (Address) 24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) (Address) M. D. (Address)		The PRINCIPAL CAUSE OF DEATH end related causes of Importance
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Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stee or cognity) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 21. BIRTHPLACE (city or town) (State or country) Other Contributory Causes of importance:	SAWYER, BOOKKEEPER, etc.	Sulf Dong
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(Specify city or town, county and State) 17. INFORMANT Clary Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place From Manner of Injury Nature of injury 19. UNDERTAKER Clary L. Carry Date Math. 2-9, 19-34 19. UNDERTAKER Cla	I6. BIRTHPLACE (city or town)	
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18. BURIAL, CREMATION, OR REMOVAL Place From Man. C. Comp. Date Mut. 29, 19 34 19. UNDERTAKER Clause I. Allie 24. Was disease or injury in any way related to occupation of deceased? 20. FILED 212, 19340 Allie Man. D. Registrar. (Address) (Address) (Address) (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place 10th Wal. Comp. Date 11. 29, 19. 4. Nature of injury. 19. UNDERTAKER Clause 1: Calling 24. Was disease or injury in any way related to occupation of deceased? 20. FILED 21. 19340 Additional Amount 1. (Signed) (Signed) (Address) M. D. Registrar.		Manage of Injury
19. UNDERTAKER Clause 1. Author 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER Clause 1. Author 2. Was disease or injury in any way related to occupation of deceased? 15 so, specify (Signed) (Signed) (Address) M. D. Registrar.	7-1846 600	10 3 4
20. FILED 3/2 , 1934 Of all sonot from the (Signed) of all sonot from M. D. Registrar. (Address)		24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 3/2 , 13/0/allsmothm	(Signed) of College of high m. D.
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 3 193%	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

IARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	159
County Baltimore	Registration Dist. No. 4
Village or City Llundalk	No. 5 6 Budship St., Ward
	death occurred in a horpital or institution, fave its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Margaret Cobe	in
(a) Residence: No. 56 Boodship, Lundals	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH March 19 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from March 19th, 1934, to March 19th, 1934
6. DATE OF BIRTH (month, day, and year) 3/19/19 3 4	Hast sawher alive on March 19th, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8. 72 _m.
1 day, 7 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Kongental malformation
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	(absence of skull and fram)
work was done, as SILK MILL, SAW MILL, BANK, etc.	2 Pagemature birth
11. Total time (years) this occupation (month and year)	
12, BIRTHPLACE (city or town) Sundalk	Other Contributory Causes of importance:
(State or country) 2nd	
13. NAME William K. Coburn	
13. NAME William K. Coburn 14. BIRTHPLACE (city or town) Staritemville (State or country)	Name of operation
15. MAIDEN NAME Margaret Liverney	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Margaret Livearrey 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of tinjury, 19
17. INFORMANT Am Cobun (Address) 56 Broadshy Rd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Secred Neart of mary Date 3/2/1,1934	Manner of injury
19. UNDERTAKER John G. Connelly (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5/21/34 /mlearme	(Signed) Our Helmant M. D.
Registrar.	(Address) Harris Old Charles Street Bellimore Providence T. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURSAL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state S. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex LAINLY, WITH UNFADING INK-THIS IS A PERMANENT R TION is very important. See instructions on back of certificate. N. B.—WRITE

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(5)
County Balleure	Registration Dist. No.
Village or City Rockdale	ND. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
9 1 9 1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CYCLIFE D. Cogge	us
(a) Residence: No. Postbolate	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED,	21. DATE OF DEATH 74
OR DEVORCED (write the word)	May. 21 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 12 1621	May 19, 1934 10/May 11, 193 X
6. DATE OF BIRTH (month, day, and year) 2. AGE Years Months Days If LESS than	I last saw her alive on Marie 2, 193 X; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
O Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	98.01 (81)
9. Industry or business in which	course or one
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	4 — 4 — 4
- Dant III this	
year) occupation	Other Contributery Caused of inhoustance:
12. BIRTHPLACE (city or town)	Cleate Selatation of frant
(State or country)	0
14. BIRTHPLACE (city or town) And	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMBANARAN Salvary 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
040	Where did injury occur?(Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL SREMATION OR REMOVAL	Manner of injury
Plan Vordlaum Date May 24, 1934	Nature of injury
The Colon of the second of the	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKED (Address) 12/7 8/1 Carl St-Balto	If so, specify
12 3/2 134 m h. Berlie	(Signed From: 2, Marline M. D.
20. FILED Registrar.	(Address) Randallston Med.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

STATE OF MADY AND	Salama an Hala Thomps
1. PLACE OF DEATH	
County Balto	Registration Dist. N
Village or City Ridge wood	No. 4602 deeds ave
Z.v.	(If death occurred in a hospital or institution, give its NAME instead
Length of residence in city or town where death occurredyrs,	_mosds How long in U.S. if of foreign birth?y
2. FULL NAME CEOUARD C. COL	away
(a) Residence: No. 4602 & Eds (Usual place of abode)	SÉ, Ward. If nonresident give city
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX 4. COLOR OR RACE OR DIVORGED (write the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, The
6. DATE OF BIRTH (month, day, and year) Van 14th 1927	Hast saw hair alive on Merch 18
7. AGE Years Months Days If LESS th	- CSO D
7 2 4 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of imp
8 Trade ninfession or narticular	La C
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar menina
Industry or business in which work was done, as SILK MILL, Public Schurols	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation occupation	<u> </u>
· Balta C	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	- Streplowocec Septecening
13. NAME William T. Conaway	
14. BIRTHPLACE (city or town) Chester Town	Name of operation
(State or country)	
15. MAIDEN NAME Thelma Newlin	23. If death was due to external causes (VIOL ENCE) fill in also
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? Recedent Date of
(State or country) Calefornia	Where did injury occur? Halelton to Salto.
17. INFORMANT / Kelma Conaway (Address) 4602 Leads aug	Specify whether Injury occurred In INDUSTRY, In HOME, or deline are.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile acc
Place Wood Lawn Date Man 2/ of 19	34 Nature of injury Harmatoms & abiasion
10 HADERTAKED WILL Cook	24. Was disease or injury in any way related to occupation of
19. UNDERTAKER (Address) 1217 St Paul F.	If so, specify
mal and and	(Signed) WStars

(10%)		. /	9 -
	Registration (Dist. No.	
No. 4602 death occurred in a hospital or ins	XEEds 6	we st	Ward
ds How long in U.S.	if of foreign birth?	yrsr	nosds.
'iNOII			odw
very			Ollw
St., Ward.	If named dank	give city or town an	1 6
MEDICAL			d State
	CERTIFICATE	OF DEATH	
21. DATE OF DEATH	Warok	18 %	11
	(Month)	(Day)	193 8/ (Year)
	- 100 EE V		
22. Jel 1 HEREE	Y CERTIF	Y. That I attended	deceased from
Jeb, 24	, 19.5 7, to	March. 18	, 19.3%
I last saw h alive on_			_; death is said
to have occurred on the date si	tated above, at 559	Pm.	
The PRINCIPAL CAUSE OF DI			Inonia
were as follows:	2		Date of onset
fola 6	neuman		
per out 1	unner	à	3/10/34
	*************		-
			(*51
Other Coutributory Causes of in	mnortance:		
			_ rter
Thefotococe	à Septecem	<i>\(\omega\)</i>	2/24/34
		-7	
Name of operation	- 141	Date of_	
What test confirmed diagnosis?	States	✓ Was there an	au'opsy?
23. If death was due to external			
Accident, suicide, or homicide?	accedent 1	Date of injury 2/_	24 19 34
Where did injury occur? 3	aletting Sa	lo. County	
Specify whether Injury occurre	(Specify city or	town county and Si-	lake
Selma are.	Nolithe	ME, OTHERODER P	LACE.
Manner of injury . Que	4 1.0.0	50 d. D	
Manner of injury	mercy a	- and	
Nature of injury Harma	love & ablas	en fall.	
24. Was disease or injury in an	y way related to occupa	tion of deceesed?	20
If so, specify	- /	2	
(Signed)	lusto	wow	
, , , , , , , , , , , , , , , , , , , ,	Na.Ca	,	
(Andress)	- Yau	wy , mo	·

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
ě	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
The same of the sa	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car Julyō,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

supplied.

mation should be carefully

TION is very important.

See instructions on back of

PHYSICIANS should state

of OCCUPA-

Exact statement

	CERTIFICATE OF DEATH 02391
1. PLACE OF DEATH	92-0)
County Baltimore	Registration Dist. No. 30
Village or City Rella, Suel.	
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Florence Cook	
(a) Residence: No. Quellas, Fred (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 2 4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cook .	(Month) (Day) (Year) 22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys if LESS then 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town)	I last saw h
(State or country)	
II 13. NAME George Cole.	
13. NAME especy Colo. 14. BIRTHPLACE (city or town) Mary land	Name of operation
15. MAIDEN NAME Mary Henderson	23. If deeth wes due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Lenderson 16. BIRTHPLACE (city or town) (Stete or country) Many Land	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT beorge Cule (Address) Oella mel.	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Int Gelloa Date 3-2/ 1934	Neture of injury
19. UNDERTAKER JC. / Arguebachary Jr. (Address) (Elegant City mi)	24. Was disease or injury in eny wey related to occupation of deceased? If so, specify (Signed) M. O. Shall B. C. Shall B. M. D.

(Signed) Mushall B 150 (Address) Colorest State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	202
1. PLACE OF DEATH	82-00)34
County Dallo	Registration Dist. No. 33	
Village or City Ournes Mills Md	Np	Ward
// F4	death occurred in a hospital or institution, give its NAME instead of street and nu	
A D I	ds. How long in U.S. if of foreign birth?yrsmos	ids.
2. FULL NAME Morgranna 6 001		
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and S	0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Maje
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Brich 2	193 1
5a. If married, widowed, or divorsed	(Month) (Day)	(Year)
HUSBAND of Jours Gook	22. 1 HEREBY CERTIFY. That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) Dec 2 2 1853	I last saw here alive on Tele / 193 4.	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4 m.	
80 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
9 Frade profession or particular		Date of enset
SAWYER, BDDKKEEPER, etc		
9. Industry or business in which work was done, as SILK MILL, Houseloufe.		**********
U 10. Date deceased last worked at 11. Total time (years)	Construt laccordage	
this occupation (month and spent in this occupation occupation		
Bolto City	Dther Contributory Causes of Importance:	
12. BIRTHPLACE (city or town).		
13. NAME Joseph Stephins		
13. NAME Joseph Stephens 14. BIRTHPLACE (city or town)	Name of operation	
(State or country) Md.	What test confirmed diagnosis? Was there an au	itoney?
15. MAIDEN NAME amanda Steel	23. If death was due to externat causes (VIOLENCE) filt in also the following:	
15. MAIDEN NAME amanda Steel 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	
∑ (State or country) Mod	Where did injury occur?	
17. INFORMANT Glanche Cook (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place leasunt Hell Date / Lanchit, 1934	Nature of Injury	
19. UNDERTAKER Les fine & Sons (Address) Rustustoum Md.	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED Tuestes, 19 \$4 ST VISLENCE Registrar.	(Signed) To Me Shadel (Address) Please en laran	M. D.
If more blanks are needed address State Projection	N. Charles Same Balaina Barrier W. S. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEA Registration Dist. No. pluods item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos. ____ Length of residence in city or town where death occurred_ (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate If LESS than 7. AGE Years Months Days 1 day, ____hrs. or____min. were as follows Date of enset 8. Trade, profession, or particular kind of work done, as SPINNER, NO SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, may should OCCUP/ SAW MILL, BANK, etc ... 11. Total time (years) Oate deceased last worked at this occupation (month and spent in this that occupation _. Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) terms. HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ 2 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOTHE 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE WRITI mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) (Signed) 20. FILED March 11 , 1914 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S.

V. S. No. 1

BINDING

RESERVED

ARGIN

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BILL ALL V. E.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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state OCCUPA.

Jo plnods

STATE OF MADVI	AND-CERTIFICATE O	E DEATH
1. PLACE OF DEATH	AND—CERTIFICATE O	I DEATH
County Baltimore		Registration Dist. No. 32
County Baltimore Village or City Chestnut Ridge	No. (If death occurred in a hospital or institution	st.,
Length of residence in city or town where death occurred 25 yr	rs mos ds How long in U.S. If of fo	preign birth?yrsmo
2. FULL NAME Harry E. Cores		

_Ward mber) (a) Residence: No. & hestmut / Redge Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR DIVORCED (write tha word) wowen (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the data stated above, at 7. AGE Years Months Days If LESS than 1 dayhrs. were as follows: or min. Date of enset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Andustry or business In which work was done, as SILK MIL SAW MILL, BANK, etc. 11. Total time (years) O. Dato deceased last worked at this occupation (month and occupation ____ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? ____. MOTHER Accident, suicida, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did Injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

Registrar.

(Address)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

part	
A CONTRACTOR OF THE CONTRACTOR	

Registrar.

(Address) TO a TV

are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employeer" worker,"

In stating the industry or business, avoid the use of such indefinite terms as "employeer" worker,"

In stating the industry or business, avoid the use of such indefinite terms as "employeer" worker,"

In stating the industry or business, avoid the use of such industry or business.

In stating the industry or business, avoid the use of such general terms as "store," "tactory," "anil," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
Letter filed 3-13-34 under Dr. Garrett, correcting	duration
of principal cause of death I	

of OCCUPA-

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

02396

1. PLACE OF DEATH	92:00
County Baltimore	Registration Dist. No.
Village or Gity white Hall. me	L No. St. Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth D	ay
(a) Residence: No.	. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
temale white widow	(Month) (Day) (Vear)
Sa. If married, widowed, or d ivorce d HUSBANO of	(Teal)
(or) WIFE of Henry Draw	22. I HEREBY CERTIFY, That I attended deceased from
	fna. 1- ,1921-, to May, 10 ,1934
6. DATE OF BIRTH (month, day, and year) Sept 23, 1968 7. AGE Years Months Days If LESS than	I last saw h L. alive on Affas, 19.34; death Is said
1 day,hrs.	to have occurred on the data stated above, at 5m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
65 3 17 ormin.	were as follows:
Trade, profession, or particular kind of work dona, as SPINNER,	747 7 47
SAWYER, BOOKKEEPER, etc.	Mural regurgisation
work was done, as SILK MILL, at Itome	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation year)	
Bet Co	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Callumne (State or country)	Chero Schrong
E C	
14. BIRTHPLICE (city or town) Salling Co	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coma Stiffler	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Backs Co	Accident, suicide, or homicide?, 19,
(State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT A. Frank Day (Address) har Fredom Pa	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place New market Data Meles 13,1934	Nature of injury
P. markle of	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Manhand	If so, specify
7 10 110-1	(Signed) Q Lylagle M.D.
20. FILED My 12., 1924 My eling Sarling Registrar.	(Address) New Breedow Oa
, Kegistrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	o il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH					CERTIFICATE OF DEATH	02397
County Baltimore				Registration Dist. N	0.31	
Village or	Village or City Pikesville (IF			(lf	No. Orchard Road death occurred in a horpital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	St., Ward of street and number)
2. FULL N	AMEG	eorge F	. Daye	Pikesvill		
PERSO	NAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX		R OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word) OWO d	21. DATE OF DEATH March 31 (Month)	1934 , 193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of			Hoern	in	22. I HEREBY CERTIFY, Tha	t + attended deceased from
6. DATE OF BIRTH	(month, day	, and year) Ju	ne 3.18	885	-Host on after on	death Is said
7. AGE Y	ears 48	Months 9	Days 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	bortance Date of onset
8. Trade, prokind of SAWYE	work done, R, BDOKKEE	as SPINNER, PER, etcI	aborer		Thrachund Shul	
O 10. Oate decer	vas done, as S IILL, BANK, e	etc. MILLDru ked at nth and	11. Total	ce Cemy time (years) ent in this supation		
12. BIRTHPLACE ((State or co		Germ	any		Other Contributory Causes of importance:	
13. NAME	Fred	erick D	aye			
	CE (city or to or country)	wn)	Gern	any	Name of operation	
		wn)	Germar	ıy		njury Salfo Co.
18. BURIAL, CREM.	Orcha ATIDN, OR F	removal	Pikes		Specify whether injury occurred in NPUSTRY in HDME, or late the few ways	ounty and State) in PUBLIC PLACE.
19. UNDERTAKER	timo	O Du	Louis Apr	110us	Nature of injury fracture Struct 24. Was disease or injury in any way related to occupation of If so, specify	deceased? hs
20. FILED Office 3, 193 K O O O Mar			mer	(Signed) Christian Hy	- had M.D.	

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ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SIACE	LOW	T. ORTHING	STATEMENTS	DA	THEOLOGICAL

	100 to 7.5	

BINDING

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13 10° CI HA 13			
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are necded, address State Registrar, 2411 N. Charles Street, Baltimote, Requesting V. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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*		hammer .	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A Chief School (NECHNICA WARE)		

No 22

County Dallimore	STATE OF MARYLAND CERTIFICATE OF DEATH
	(92-a) Registration Dist. No. 3
	Alleghancy are .: Ward) (If death occurred In a hospital or institution, give its NAME Is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WIDOWED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH March 3 7 , 1924. (Month) (Day) (Year)
6 DATE OF BIRTH Catober 22, 1856 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to MANCIA 37,1934 that I last saw h Malive on MCh 3 72 1924
77 yrs. 4 mos. // ds. or min.?	
(a) Trnde, profession or particular kind of work (b) General nature of industry	Myrcodias Insafficiency
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Baltimore, Md,	Contributory Characte Contributory Characte Contributory Characte Contributory Character Contributory (Duration) / P. yrs. mos. ds.
Detther Phillips M. Snowden	(Signed) Daniel Jet Thom Jemple M. D. M. Ch. 3 m 198 4 (Address) Tankson med
OF FATHER (State or country) Manyland. 12 MAIDEN NAME	*State the Uiscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sarah. & Knighton 13 BIRTHPLACE OF MOTHER (State or Country) Mayeland,	ID LINGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients or Recent Residents) At place of death
(Informant) M. Frank. S. Chlew.	Former or usual residence
(Address) 310 W. Joppa Ad Registral	Roudon Park Cemetery March 5, 1934. 20 UNDERTAKER ADDRESS 805 N. Calvert S
If more b.anks are needed, addre.s Ltate Negistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). er," etc., without more precise specification as νay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e ch and every person, irrespective cf Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Sulesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> st.ted unless important. Example: Measles (disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Com2," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

certificate.

of

of OCCUPA-

B.—WRITE

ż

V. S. No. 1

.. 19 34

20. FILEO 3/17

Clicketh occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. March (b) March (b) March (c) March (c) March (d) March	STATE OF MARYLA	ND—CERTIFICATE OF DEATH 02401
Village or City Langth of residence in city or town where death occurred Langth of residence in city or town where death occurred A How long In U. S. if of foreign birth? YES A Residence: No. Langth of residence in city or town where death occurred (a) Residence: No. Langth of residence in city or town where death occurred (b) Langth of residence in city or town where death occurred (a) Residence: No. Langth of residence in city or town where death occurred (b) Langth of residence in city or town and State occurred (a) Residence: No. Langth of residence in city or town where death occurred (b) Langth of residence in city or town and State occurred (c) Langth of residence in city or town and State occurred (a) Residence: No. Langth of residence in city or town and State occurred (b) Langth of residence in city or town and State occurred (c) Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred (a) Residence: No. Langth of residence in city or town and State occurred (b) Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred Langth of residence in city or town and State occurred on the data stated above, at 2 ft and 13 ft of the residence in city or town and State occurred on the data stated above, at 2 ft and 13 ft of the residence in city or town and State occurred on the data stated above, at 2 ft and 13 ft of the residence in city or town and State occurred on the data stated above, at 2 ft and 13 ft of the residence in city or town and State occurred on the data stated above, at 2 ft and 13 ft of the residence in city of the variety of	1. PLACE OF DEATH	82:0
Clicketh occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME (a) Residence: No. March (b) March (b) March (c) March (c) March (d) March	County Bultinine	Registration Dist. No.
2. FULL NAME (a) Residence: No. March (b) Loss place of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR PLYONGE OF White OR PLYONGE OF White S. SINGLE, MARKED, WIDOWED, OR PLYONGE OF WHITE (b) Loss place of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR PLYONGE OF Write the word) N. If married, widowed, or divorced (ear) WHE or Company A - / 8 J 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Or. mia. 8. Trada, profassion, or particular SAWPER, BOUNKEEPER, OR A HOWNEEPER, OR MILL, BARK, etc. 10. Data decased last worked at this occupation (month and year) 10. Data decased last worked at this occupation (month and year) To Data decased last worked at this occupation (month and year) (State or country) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 15. MAIOEN NAME 15. MAIOEN NAME 16. DATE OF DEATH 16. DATE OF DEATH 17. INFORMANT (State or country) Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT 17. INFORMANT 18. THE PRINCIPAL INDUSTRY, in HOME, or in PUBLIC PLACE Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT 18. THE PRINCIPAL CAUSE OF DEATH and related causes of importance: 18. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance: 19. The PR	Village or City Bases	
(a) Residence: No. March (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PARTICULARS 5. If married, widowed, or divorced HUSBAND FUNDER OF BIRTH (month, day, and year) 7. AGE Years Months 1 day, his.		그 그 그 내가 없는 내가 그는 내가 있어 나는 내가 되었다. 그는 내가 되었다. 그는 생각이 되는 것이 없는데 없다. 그 그 없는데 그는 것이 없는데 없다면 없다면 없다. 그 그 없는데 없다. 그 그 없는데 없다면
(a) Residence: No. Madel. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE S. SINGLE, MARKED, WIDOWED, OR DIVOSCED (write the world) OR DIVOSCED (write the world) Sa. If married, widowed, or divorced (USANO) (World) F. Tada, profassion, or particular kind of work done, as SPINNER, SAVER, BOUNKEEPER, etc. 10. Data deceased last warked at how so done, as SIK MILL. Salt Married, widowed, or done, as SPINNER, SAVER, BOUNKEEPER, etc. 10. Data deceased last warked at how so done, as SIK MILL. (Salta or country) Walter 11. Total time (years) 12. BIRTHPLACE (city or town) (Stata or country) Manuel 13. MAME 14. BIRTHPLACE (city or town) (Stata or country) Was there an autopay? What lest confirmed diagnosis? Where diagnosis? Cate of more defined as a subpay? What lest confirmed diagnosis? Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Whose in in his occurred in information and procurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	Langth of residence in city or town where death occurredyts.	mos. ds. How long in U. S. If of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRED, WIDOWED, OR DIVORCED (write this word) 5. ALTE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day, his. or mina. 1 day, his. or mina. 1 The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: SAWYER, BOOKKEEPER, etc. 3. Andustry or business in which work was done, as SILK MILL. Returned 1. Obate of Birth (City or town) 1. SAW MILL, BARK, etc. 1. BIRTHPLACE (city or town) (State or country) 1. SIRTHPLACE (city or town) (State or country) 1. SAW MAIOEN NAME 2. MAIOEN NAME 2. MAIOEN NAME 3. MAIOEN NAME 3. MAIOEN NAME 4. Coldent, suickla, or homicide? 5. Specify city or town, county and State) 5. Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	2. FULL NAME / lluam our	ycl
21. DATE OF DEATH Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winte his word) Whate Whate S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winte his word) Widoward 193 3 (Year) Windows 22. I HER EBY CERTIFY, That I attended deceased for the data stated above, at 24 6 m. The PRINCIPAL CAUSE OF DEATH and related course of importance ware as follows: SAWYER, BOOKKEPER, etc. SAWWILL, BANK, atc. Whill. SAW MILL, BANK, atc. SAWWILL, BANK, atc. Whill. SAW MILL, BANK, atc. SILL, BANK, atc. Whill. SAW MILL, BANK, atc. SILL, BANK, atc. Whill. SAW MILL, BANK, atc. SILL, BANK, atc. SILL, SAW MILL, BANK, atc. SAW MILL,		
Date of the secondary o	PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
HUSBANO of (ee) WIFE of 6. DATE OF BIRTH (month, day, and year) May 4 - 18 5 1 7. AGE Years Months Oays If LESS than 1 day, his. of mis. of	Transle Mit + OR DIVORCED (write	the word) hearch 15 193.34
Tast saw m. aliva on the say, and year) Note of Birth (month, day, and year) Note of the principal control of the princ	HUSBANO of	22. MI HEREBY CERTIFY, That I attended daceased from
Save and some as SPINNER Save as SPINNER S		last saw n aliva on death is sai
State of country Stat	2 () (X) 1 day	
kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL. 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. MAIOEN CORPECTIVE (CORPECTIVE) 18. DESCRIPTION OF DEMONSH.		THE I WHICH WE CHOSE OF DEATH and related courses of importance
9. Industry or business in which work was done, as SILK MILL. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. Informatic (Address) 19. Informatic (Address) 11. Total time (years)	8. Trada, profassion, or particular kind of work done, es SPINNER,	3/11/2
work was done, as SILK MILL. **Learned** SAW MILL, BANK, etc		Crevry Hellor wage 1739
10. Data deceased last worked at this occupation (month and years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. Data deceased last worked at this occupation Other Contributory Causes of importance:	work was done as SII K MIII	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. Description Other Contributory Causes of importance: Other Contrib	10. Data deceased last worked at 11. Total time (year	s)
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) (Stata or country) 16. BIRTHPLACE (city or town) (Stata or country) (Stata or country) What test confirmed diagnosis? 23. If daath was due to external causes (VIOLENCE) fill in also tha following: Accident, suicida, or homicide? Date of injury (Specify city or town, county and State) Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	year) occupation	
14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? Clui, funding Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) T7. INFORMANT (Address) Name of oparation What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? (Specify city or town, country and State) Specify whothar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		Other Continues Canada of Importance.
14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? Clui, funding Was there an autopsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) T7. INFORMANT (Address) Name of oparation What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? Clui, funding Was there an autopsy? What test confirmed diagnosis? (Specify city or town, country and State) Specify whothar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	13. NAME GEORGE GEORGE	
16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) Accident, suicida, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whothar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town)	ali di Moda
16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur? (Specify city or town, county and State) To Informant (Address) Accident, suicida, or homicide? (Specify city or town, county and State) Specify whothar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		23. If daath was due to external causes (VIOLENCE) fill in also tha following:
(Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whothar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address)		Accident, suicida, or homicide?Date of injury19
17. INFORMANT Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address)		
10 PUDIAL OPPLATION OF PRANCIAL		(Specify city or town, county and State) Specify whothar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Manner of Injury	18. BURIAL, CREMATION, OR BEMOVAL /	Manner of Injury
Place Oak Laur Date 3/19, 19 3/ Nature of Injury	Place Oak Laure Date 3/19	, 2K
19. UNDERTAKER John G. Cornelly 24. Was disease or injury in any way related to occupation of deceased? "NO	19. UNDERTAKER John S. Connelly	24. Was disease or injury in any way related to occupation of deceased? 240
(Address) (Case Mills (Signed) (Signed)	1: 11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	1/1/1/4/2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased lad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the dcccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
J BURGALLY &			111
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH Cartificates
1. PLACE OF DEATH	93-0
County Balto.	Registration Dist. No. 30
Village or City Cator soille	No. 114 Oak dale Que St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella C. Fallo	-u
(a) Residence: No. 114 Oakdalz avz	St.: Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, -OR-DIVORCED (write the word) Little West of the word)	21. DATE OF DEATH March 16 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND-of (or) WIFE of Bernard J. Fellow	22. I HEREBY CERTIFY, That I attended deceased from 10. 19.33, to hears 16. 19.34
6. DATE OF BIRTH (month, day, and year) Man 4 1855	I last saw hare alive on marsh 16 , 1934; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at the Cause of Importance
Trade profession or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	Orrows my ocaralets 3gs
work was done, as SILK MILL, Wallschurfe SAW MILL, BANK, etc.	0
10. Date deceased last worked et this occupation (month and spant in his occupation occupation)	
12. BIRTHPLACE (city or town) Was hing for (State or country)	Other Coutributory Causes of Importance:
	artères Sclerosis
E Wash +	
(State of country)	What test confirmed diegnosis? Little Was there an au'opsy?
15. MAIDEN NAME Wingred Ward	23. If death wes due to externel causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Wingfred Ward 16. BIRTHPLACE (city or town) Washington (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs John J. Kaissy (Address) 114 Cakkdala avy Africa III	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR BEMOVAL Place Date Mar 197, 1934	Manner of injury
19. UNDERTAKER WILL ST Peul ST	24. Wes disease or injury In any way related to occupation of deceased? Mo-
20. FILED March 17, 1934 Marshall B West Registrar.	(Signed) Marshall Blest M.D. (Address) Catousulle und
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Ingla seda ava Catansvalle

also Brewit + Black

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

Every item of infor-licitants should state tement of OCCUPA-

BINDING

FOR

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A PERMANENT RE stated EXACTLY properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

		Trans
CEDTIEICATE	OF DEATH	(82-0)

000	CERTIFICAT	E OF DEATH. Sist. 39
sho	1-PLACE OF DEATH	REGISTERED NO(If death occurred in
Jen J	CITY OF BALTIMOREY (NO.) WOLLLE U	(ST., WARD) a hospital or institution, give its NAME
aten	2-FULL NAME Wells Feruand	instead of street and number.)
-5	(a) RESIDENCE NO. Thours W	ST.,WARD
× -	(Usual place of abode) Leagth of residence in city or town where death occurred 5 w yrs. mos.	(If non-resident give city or towo and State) ds. How long in U. S., if of foreign birth? yrs. mes. ds.
i de la	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACT classified ess.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word)	16 DATE OF DEATH (mooth, day, and year) Wav. 13, 34
	Tel Cot. Willower	1 HEREBY CERTIFY, That I attended deceased from
stated operly rtifica	5a If married, widowed, or divorced HUSBAND of	May a 1934 May 13 1934,
stated operly rtifica	auly remande	that I last saw h Lalive on War 13, 1934,
be pr	6 DATE OF BIRTH (month, day, and year May 7 1876 7 AGE Years Months Days If DESS than	and that death occurred, on the date stated above, at
should may b back o	7 AGE Tears Months Days II Des than 1 day,hrs. ormin.	The CAUSE OF DEATH* was as follows:
shoul may back	38 9 00	Carload Consolarity
O I I	8 OCCUPATION OF DECEASED	LICENSEX Y TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT
AG that	(a) Trade, profession or Saule	Auration) yrs. Almos LO da.
ed.	(b) General nature of industry, business, or establishment in	CONTRIBUTORY WILLIAM EXCUS
ul supplie plain terms t. See instr	which employed (or employer)	(Secondary) (duration) ys. mos. ds.
	1000000	18 Where was disease contracted if not at place of death?
	9 BIRTHPLACE (city or town) (State or country)	Did an operation precede death: Date of
areful f in p	10 NAME OF FATHER Torgandi	Was there an autopsy?
EATH impor	11 BIRTHPLACE OF FATHER (city or towo) Salto	What test confirmed diagnosis?
	(State or country)	(Signed) M. D.
Or D	12 MAIDEN NAME OF MOTHER Relucca Chalk	, 19 (Address) 14 W (Charlest.
E S	13 BIRTHPLACE OF MOTHER (city or town) Balto Co. (State or country)	*State the Disease Causing Death, or in deaths from Violent Caused to state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
AUS FION	Informant W. 9. Clabera	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL DATE OF BURIAL
aor	(Address) Thosely W.	mt. Gion Cem. Long Green Mar 15 1934
(T	15 3/1 -24 Franci HBak.	20 UNDERTAKER ADDRESS
	Filed 19 January C. Markley	W (Blating as Though h)

Registrar

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REVISED UNIT TATES STANDARD CERTIFICATIOF DEATH

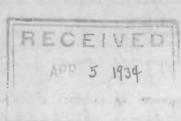
[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, ice for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed or given up on part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore (retired, 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from account of the disease causing death, state occuoccupations of persons engaged in domestic servthe household only (not paid Housekeepers who Women at home, who are engaged in the duties of Laborer, Farm Laborer, Laborer—Coal Mine, etc. without mobile factory. The material worked on may form an additional line is provided for the latter stateword or term on the first line will be sufficient, respective of age. For many occupations a single The question applies to each and every person, ir healthfulness of various pursuits can be known. occupation is very important, so that the relative Statement of Occupation.—Precise statement of more precise specifications, Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc.. Carcinoma, Sarcoma, etc., of (name ori-

dations on statement of cause of death approved consequences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recommencidal homicidal, or as probably such, if impossible to determine definitely. Examples: Acei "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Colby Committee on Nomenclature of the American nature of the injury, as fracture of skull, soned by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poi dental drowning; Struck by railway train-MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent deaths state tis," etc. State cause for which surgical operaas "Puerperal septicemia," "Puerperal peritonigenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) interstitial nephritis, etc. gin "Cancer" is le lefinite; avo se of "Tu-mor" for malignant neoplasms); Measles; Whoop-Medical Association. ing cough, chronic valvular heart disease; Chronic Example: Measles (disaffection need not be The contributory (sec--acci-

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN



V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	02404
County Taltingel	Registration Dist. No. 44
Village or City Essey	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William M. Fo	mos. 2-3 ds. How long in U.S. if of foreign birth? yrs mos ds.
(a) Residence: No. Self + Mile Cl (Usual place of abode)	West., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Type His word)	(Month) (Oay) 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE ot	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Feb. 4-1920	Hast saw win alive on Morch 2 ,1914; death is sald
7. AGE Years Months Deys If LESS that 1 day, 1 or min.	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brain Tumor: 20
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAMUSER, BOOKKEEPER, etc. SAMUSER, BOOKKEEPER, etc. SAMUSER, BOOKKEEPER, etc. 10. Indicate deceased last worked at this occupation (month and before the company to the com	malignant. Originated in core- 14.55.
10. Bate deceased last worked at this occupetion (month and yeer) 11. Total time (years) spant in this occupation	tellum. Guga.
12. BIRTHPLACE (city or town) Baltimore Co. (State or country) 2nd.	Other Contributory Causes of Importance:
13. NAME John In. Fochskolb	3.44
13. NAME John M. Jochsholb 14. BIRTHPLACE (city or town) Baltimore (State or country)	Mame of operation Ly Corelary Cracustory Date of allege 153. What test confirmed diagnosis? operation Was there an autopsy?
15. MAIDEN NAME Turragaret Burice	
15. MAIOEN NAME Margaret Eurice 16. BIRTHPLACE (city or town) Baltimore (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Johns Mr. Foehelsolo (Address) Fases + Mace avec	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE SACRUS HEART Com. Date 3 6 193	Menner of injury
19. UNDERTAKER Johns D. Connelly (Address) Sixey 2018	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED 3/5 , 1984 Sthee B. Bring. Registrar.	(Signed) Jitillia M. D. (Address) Essex, The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grecery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy 1 wock ago
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis Paritonitis
		1801 9 100
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year
		727

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

rencedea, address State Registrar, 2413 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Ĵ	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. Mo. 1

	CERTIFICATE OF DEATH 02406
1. PLACE OF DEATH County County	Registration Diet No. 35
	Registration Dist. No.
Village or City Ledan From Gluco	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmasds.
2. FULL NAME / (achal A. Hooler	
(a) Residence: No. Caker 4 - ove	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH On
OR DIVORCED (write the word)	March 16: 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(Or) WIFE of Grange E. Goslar	22. HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) Self 2 18 1851	last saw have alive on anach 10 march 10 mg, 1934
v. DATE OF BIATH (Monthly, day, Glid year)	I last saw have alive on the dete stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
18. Trade, profession, or particular	were as follows: Of real Date of onset
kind of work done, as SPINNER, OCCURATION	P. A. S.
9. Industry or business in which	Mand and Exhauston
9. Industry or business in which work was done, as SILK MILL, Flavor SAW MILL, BANK, etc 11. Total time (years) this occupation (month and 2 spent in this	depending on pain bloughing
this occupation (month and 2 937 and occupation occupation	and are Heurmhan
Bull 10 Co -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	from hand of different fine
13. NAME Alles 1- Sparks	Moles lag hon formand Release
13. NAME Afre 1- Oparts 14. BIRTHPLACE (city or town)	Name of operation had in Incolumn Date of
(Stete or country)	What test confirmed diegnosis? Michofa Was there en autopsy?
15. MAIDEN NAME Dench Am Engo	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Miss Olive Hoskor (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	, Manner of injury
Place Min Carina (mas) y Date Maria 1999	Nature of injury
19. UNDERTAKER Mile, Books Plan	24. Wes disease er Injury in any way related to occupation of deceased?
(Address) Sparts (hid	If so, specify A Drack
20. FILED Meh 17, 1934 M. Broken In Registrar.	(Signed M. D. (Address) Cockeysville
Acginar.	(1001000)

(Address) Cockeysville If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State

STATE OF MARYLAND—CERTIFICATE OF DEATH

	Registration Dist. No. 31
()f	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
O mos.	20 ds. How long in U.S. if of foreign birth?
ld	towble.
	St., Ward.
	If nonresident give city or town and State
S	MEDICAL CERTIFICATE OF DEATH
(brew	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
	Nov. 1933 to Mels. 21, 1934
9	Hast saw h. Lin alive on Mclu. 2/, 1934; death Is seid
S than	to have occurred on the date stated above, at 2.50 P_m.
mln.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
THITE.	Welful Isrsefficiency Date of most
	The same
-	
0 11 .	
072	Other Contributory Causes of importance: Werder Delitation of Heart Suddenly
	Circle Delitation of Heart Juddenly
•	A
•	
	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
	Accident, suicide, or homicide? Date of Injury19
	Where did injury occur? (Specify city or town, county and State)
	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
, 19.3.4.	Manner of Injury
, . J . Y	Neture of injury
	24. Was disease or Injury In any wey related to occupation of deceased
7	If so, specify
1.10	(Signed) Edgry M. Dyroll, M. D.
Banistan.	(Address) f. Campalian, Ma
Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
A21.6 198.5	6 8		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	408
1. PLACE OF DEATH		
County Balto	Registration Dist. No. 8	37
Village or City Cuckey Sville	ND	Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. if of foreign birth?	
2. FULL NAME Nevery Marion France	To	
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Warreta	21. DATE OF DEATH MCL 20 (Day)	(Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WHE of Bessel M. Frank	22. Nov 15 1933 to Well 20	ceasad from
6. DATE OF BIRTH (month, day, and year) 13/868	I last saw here alive on Mcle. 19 , 1934;	death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 2, m.	
65 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance wera as follows:	Date of onset
Samples of work done, as SPINNER, Carpenter SAWYER, BDDKKEEPER, etc.	Valvulan Endocarditis	1932.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		
10. Data deceased last worked at 1931. 11. Total time (years) spant in this year) cocupation (month and year)	7	
12. BIRTHPLACE (city or town) Nashington	Dther Contributory Causes of importance:	
(State or country)	Diabetes Quelitis.	84rs.
13. NAME John M. Hands 14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was thera an au!	opsy?
16. BIRTHPLACE (city or town). Balto:	23. If death was dua to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?	, 19
(State or country) and.	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Lessie Me Trans	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, DR REMOVAL Place Poplar College L. Date Mar. 2-3, 1934	Manner of injury	
19. UNDERTAKER W. C. Brooks +8	24. Was diseasa or Injury in any way related to occupation of deceased?	
20. FILED March 2/ , 19 & 4 William & Chilout Registrar.	(Signed) Wilmer O. Ouso (Address) Cuckey Sville &	M.D.
	N. C. J. C. J. P. J. C. J. C. V.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRIT

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1. PLACE OF DEATH	(46)
County Ballymore	Registration Dist. No.
Village or City Grassons Point B2D	ND. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	s
2. FULL NAME Frank Frazier	
(a) Residence: No. Wise are Balto County (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 17th, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Josephine Frazier	22. ALECT S 1930 to Mcd. 17 193
5. DATE OF BIRTH (month, dey, and year) underson 1892	I last saw bern alive on Block 16 3/16/13/1934 death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 80 4 m.
4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of one
kind of work done, es SPINNER, Januer SAWYER, BDOKKEEPER, etc	A
kind of work done, es SPINNER, Farmer SAWYER, BDOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. ID. Date deceased last worked at this securation (month and	Carcinoma of herer Och,
ID. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Baltimore md	Other Contributory Causes of Importance:
(Stete or country)	Moderal
13. NAME Joseph Frazier	
13. NAME Joseph Frazier 14. BIRTHPLACE (city or town) Slemany (State or country)	Name of operation of the state of 1733 What test confirmed diagnosticus and was there en autopsy?
15. MAIDEN NAME Catherine Jagochienshi	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Calkerine Jagochienshi' 16. BIRTHPLACE (city or town) Stermany	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mo Josephine Frazier (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL Place of Standard Can Date Morch 80, 1934	Manner of Injury
19. UNDERTAKER Though a Weber (Address) 70.5 & ann Africa	24. Was disease or Injury in any way related to occupation of deceesed?
20. FILED 3/17/34 19 Mloanur Rail	(Signed) Clas (N. Meer M. M. (Address) 408 S. Port Olc Core

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onsat	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

County Baltimore

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

illage	or (City	Dundalk	(No.1827	Kinship	Road
--------	------	------	---------	----------	---------	------

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

2FULL NAME Infant Frye

	PERSOI	NAL AND STATIST	ICAL PARTICI	ULARS
3 SEX		4 COLOR OR RACE	MARRIED, WIDOWED.	
Fer	nale	White	OR DIVORCES	Single
6 DA1	E OF BIR	тн		
		March (Month	24 (Day)	, 1 <u>934</u> (Year)
7 AGE		yrs	mosd	If LESS than I day hrs. or min.?
(a) parti (b) busi	icular kin General n ness, or e	ofession or d of work ature of industry stablishment in ed or (employer)	None	
Mar 10	OF MOTH	Paul Kennet AGE ER country) West		illinge:
1		Country) Mary		socr.
	Informant	Paul Ker	meth Fry	
ıs Fil	led 3/	24/g /2 V	mlear	ne

MEDICAL CERT	IFICATE	OF DEAT	ГН
16 DATE OF DEATH	0.4		7 .
March	24	*************	, 1924
(Month)	(Day)	(Year)
17 I HEREBY CERTIFY	, That I at	tended the	deceased from
192	to	************	192
that I last saw halive on		••••	, 192
and that death occurred on the	data atata	d above at	2.30A
The CAUSE OF DEATH * was a		a above, at	
Stillborn			
		• • • • • • • • • • • • • • • • • • • •	
0 - 2 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	***************************************		
(D	urstion)	yrs	mosds
Contributory			1000000 000000 000000 0000000000000000
Secondary			
(D	uration	утв	mosds
(Signed)	Dace	N	M. D
Mar 24 1934 (Address)	Dund	lalk,	Md.
*State the l'iscase Cau Violent Causes, state (1) N Accidental, Suicidal or Homicida	sing Death	, or, in njury and	deaths from (2) Whether
18 LENGTH OF RESIDENCE ients or Recent Residents)	(For Hosp	itals, Insti	tutions, lrans
At place of deathyrsmosds.	In the	e iteyrs	ds
Where was disease contracted, it not at place of des h?		********	**********************
Former or usual residence			
doddi residence	***************		***********************
19 PLACE OF BURIAL OR REM			OF BURIAL
	OVAL	DATE	

Baltimore, Maryland

If more banks are needed, address tate Kegistrar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.

No

BINDING

TH UNFADING INK--THIS MARGIN RESERVED

occu,

CIANS should statement of OC

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(Approved by U. S. Census and American Fublic Health Association.)

er," etc., without more precise specification as laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planler, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by "E:haustion," "Heart failure, Lianure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or BOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.; Y Chronic valvular heart disease; etc. The contributory affection need

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH				
County_Bs	altimore			Registration Dist. No. 32	
	City Pikesville)		No.	Ward
			()	If death occurred in a hospital or institution, give its NAME instead of street an	d number)
			yrs,mos	sds. How long in U. S. if of foreign birth?yrs	mosds.
	ME William N.				
(a) Resider	nce: No. Pikesvil	(Usual place of	(abode)	St., Ward. If nonresident give city or town a	nd State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	iid State
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH March (Month) (Day)	., 193k (Year)
5a. If married, widow HUSBAND of		11		22. 1 HEREBY CERTIFY, That I ettende	
(or) WIFE of	Laura V. Fu	TIEL		1925 ,19 to March 25	19 34
6. DATE OF BIRTH	(month, day, and yeer) OC	tober 11,	1869	liast saw h.im alive on March 23 1934	
7. AGE Yes	Months 5	Days 13	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at11_Pe_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
SAWYER 9 Industry or work we	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which es done, as SILK MILL,	Nothing		Thrombosis Coronary Artery: - found deads in bed.	Sudden
10. Date deceas	LL, BANK, etcsed lest worked at upation (month and	11. Total tin	ne (years) t in this pation	Exit halisma of night side of face. Primary in skin of nose: since 1930. Cenggy Other Contributory Causes of importance:	
12. BIRTHPLACE (ci				Encephalitis	1925
(State or cou	and y Land			- Carcinoma of face	1930
13. NAME JO	ohn Wesley Ful	ler		Myocarditis, chronic.	?
	E (city or town)r country) Marylar	ıd.		Name of operationNone Date of Whet test confirmed diegnosis?_Clinical Was there are	
15. MAIDEN NA	AME Temperance	Whitcomb		23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE	E (city or town) r country) Marylar	nd		Accident, suicide, or homicide? Date of injury Where did injury occur?	
(Address)	Laura V. Fulls Pikesville, Md			(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) 'LACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	nn	ch 28,1934	Manner of injury	
19. UNDERTAKER (Address)	Rustuston	ans md		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Mich.	26 , 1934	m.08	me	(Signed) & Weholp (Address) Pikes ville, Md	

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1034,3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-0
County Baltimore	Registration Dist. No. 44
Village or City Essel	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. 3. if of foreign birth?
	, /
2. FULL NAME Barbara Gessone	V
(a) Residence: No. There were the live! (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3/7/ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caspar Gessner	22. I HEREBY CERTIFY, That I attended deceased from 19 34 to Morel 7 19 34
6. DATE OF BIRTH (month, day, and year) acg 24, 3, 1853	tlast sante alive on March 7 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.50 Fa.m.
80 6 13 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	1
SAWYER, BOOKKEEPER, etc.	() f. +
9-Industry or business in which work was done, as SILK MILL,	/ January
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	mueto Aneumoria 3/9/34
E	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Chui Jeuluge Wes there an eutopsy? (we)
E 15. MAIDEN NAME, unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Oate of Injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT michael Gesamer (Address) Kircund Eng. Eng.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sacred New Date 3/10/ 1934	Nature of injury
19. UNDERTAKER John 5: Councilly (Address) Resul Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 10 , 19.3 4 John b. Conselly Registrar	(Signed) Essey, M. E.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 5 1004			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

W. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should catalo CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. BINDING

MARGIN RESERVED FOR

V. 3. No.

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore Co	CERTIFICATE OF DEATH
County	38
Village or City Javan (No 504/ X)	Registration Dist, No. 00
2FULL NAME James Franci	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ma/ P A COLOR OR RACE SINGLE, MARRIED, Marrica WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Alaych 25 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
December 4 1854	10 brusry 14 1934. to March 25, 1934,
(Month) (Day) (Year)	that I last saw hin alive on March 23, 1924,
7 AGE [If LESS than	and that death occurred on the date stated above, at 10.30 pm.
79 yrs. 3 mos. 22 ds. or min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION	Carcin and of the Luces
(a) Trade, profession or Relined Motorman	
(b) General nature of industry business, or establishment in	(D'-) 3 1
which employed or (employer) Olechie Will wanys	Contributory Mycarlel Insufficient
9 BIRTHPLACE (State or country) Han Ind Co md.	Secondary (Duration) yts mos 4 ds,
10 NAME OF PATHER PATHER	(Signed) J. O. Dellen an M. D.
M 11 BIRTHPLACE	March 26 1924 (Address) wien in
OF FATHER (State or country) 12 MAIDEN NAME (C	*Stato the Usease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Mary E. Lungan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Han Sand Co Mid.	At place of deathyrsmosdsstateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
Mrs Z MI Thomas	Former or usual residence
(Informant) Mrs. aung M. Maton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 304 Velaware ble	In Graduis Censely net Mas 28, 19 34
15 Filed Mck 26 1984 Mr. Buller	Milliane Offett Dr. 169 Marcheust
If more blanks are needed, addre. L'tate Kegistrai	, 16 W. Saratoga St., Butto, Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The material Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia, carbolic acid-probably suicide. The nature of the injury, 'accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonilis," diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death (secondary or Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU.Y resulting from childbirth or miscarriage as cough; intercurrent) affection need Chronic etc. valvular heart disease; Nomenclature of the The contributory not be

If this certificate is looked over thoroughly and all questions appropried in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. E.-Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact ECORD TH UNFADING INK--THIS IS A PERMAN PLAINLY,

MARGIN RESERVED FOR BINDING

V. S. No. 1

	PLACE OF DEATH County Allmin	STATE OF MARYLAND CERTIFICATE OF DEATH
ficate.	Village or City Milnited (No. Sellace 2FULL NAME Skillians H	Registration Dist. No. (If death occurred In a hospital or institution, give its AAME Instead of number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ons on back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 1862 (Month) (Day) (Year)	16 DATE OF DEATH Track. (Month) 22 (Day) (Year) 34 17 I HEREBY CERTIFY, That I attended the deceased from acces 2019 4, that I lay saw have alive on reach 20 1934.
Instruction	7 AGE 7/ yrs. 6 mos. 2 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 6.45 2m. The CAUSE OF DEATH * was as follows:
portant. 36	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory Olerane Ungo cartiles
n is very im	(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) (State or country)	(Signed) (Durstion) Qyrs mos ds. (Signed) (No. 1984 (Address) Osulfa fix Read *State the Disease Causing Death, or, in deaths from Volent Causes, state (1) Means of Injury and (2) Whether
מבחשלום	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Office of Country) Office of Country Office of Country	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
Statomont or	(Informant) Survey Callie Stille (Address) Stelloward Musaley	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS
	Filed MONN LL 192 2 Registrar Registrar If more blanks are needed, address State Registrar	7. B. Mekkert & Son Boo Entace Play, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate oecupation at beginning of illness. If retired from worked on may form part of the second statement Spinner, (b) Colton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cookployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the Never return "Laborer," "Foreman," "Manager," "Deal-Housemoid, etc. If the occupation has been changed report specifically the occupations of persons en-Foremon, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Doy Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile foctory. The materia Laborer-Coal mine, etc. Wom-Solesman. duties of the (b) The ques-Grocery;

Statement of Cause of Death—Name, first, the pisse EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobor pncumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) as fracture of skull, and consequences (e.g., scpsis, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicoemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by roilreay train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ess important. Example: Measles (disease cough; Chronic etc. The valvular heart disease; contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH

Baltimore

Registration Dist. No.

County Village or City Halethorpe

Linden Ave.

How long in U.S. if of foreign birth? ______yrs. _____mos.___

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs

2. FULL NAME Abram Hamburger (a) Residence: No. Linden Ave. Halethorpe (Usual place of abode)

If nonresident give city or town and State

PHYSICIAN PERMANENT

FOR BINDING

ARGIN RESERVED

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certificate.

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instructions

important.

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supplied. plain terms.

carefully

OCCUPA-

plnods

PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male

7. AGE

CCUPATION

73

4. COLOR OR RACE Thite

6. DATE OF BIRTH (month, day, end year) Nov. 11. 1860.

Months

5. SINGLE, MARRIED, WIDOWED, OR D. VORCED (conte the word)

If LESS than

1 day, ____ hrs.

or____ min.

21. DATE OF DEATH

(Day)

(Year)

5a. If married, widowed, or divorced HUSBAND of Late

(or) WIFE of Frances Ellsworth (nee Ames)

Days

26

CERTIFY. That I attended deceased from

What test confirmed diagnosis? Mellesufo Was there en au'opsy? Mo.

(Specify city or town, county and State)

Accident, suicide, or homicide?______ Date of Injury______ 19

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

MEDICAL CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset 1931

kind of work dona, es SPINNER, Mfg. SAWYER, BOOKKEEPER, etc 3. Industry or business In which

work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked et this occupation (month and

8. Trade, profession, or particular

11. Total time (years) spent in this occupation ...

Other Contributory Causes of Importance:

Balto. 12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME

Hamburger

FATHER 14. BIRTHPLACE (city or town) (Stete or country)

Germany

15. MAIDEN NAMEAmelia Pollock

MOTHER 16. BIRTHPLACE (city or town) (State or country)

Elsie M. Hobbs. (Address Inden Ave. Halethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL Olivet

March 9,

19. UNDERTAKER Edmond son

Manner of Injury Nature of injury

24. Was disease or injury in any way related to opennation of deceased? If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

should CAUSE mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (? ')	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PART ALL VIDE			
)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, 4	
			L

	ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

- 1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD MARGIN RESERVED FOR BINDING TH UNFADING INK--THIS IS A PERMAN WR No. 1

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PLACE OF DEATH County Octumo 10	STATE OF MARYLAND CERTIFICATE OF DEATH
(1)	Registration Dist. No.
Village or Gity of avoson (No. 29 7.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Lange 100	riding number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Bachlor OR DIVORCED (Write the word)	16 DATE OF DEATH MCh. 1862, 1984
6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Mar 18 1059	MC/13/2 1934 to Mch 18/2, 1934
(Month) (Day) (Year)	that I last saw homalive on Morch 19 3, 1934
7 AGE [If LESS than	and that death occurred on the date stated above, at
7 5 yrs. 4 mosds. or min.?	The CAUSE OF DEATH * was as follows:
yrs. 4 mos. ds. or min.?	A **
(a) Trade, profession or Loutractor Buldo	
(h) General nature of industry	- Efricalinea
business, or establishment in for self.	(Duration) vrs mos da,
9 BIRTHPLACE (State or country) Lelaware	Contributory Clickes Teff keg Secondary following an all of the grant de Contributory and all of the grant de Contributory
10 NAME OF FATHER Lawiel Harding	(Signed) Nauel of Ot Thos Jenife M. D. Men 18th 192 (Address) of sixon ma
OF FATHER (State or county) reland	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jane Smith	10 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Ireland.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Miss amil Harding	Former or usual residence
(Address) 29 West Pennsylving	Marielon, March 1934
Filed March 19 1984 Hel. But	20 UNDERTAKER ADDRESS ADDRESS Towson
If more b.anks are needed, addre.s htate liegistraf	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

whatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mane, etc. women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e g., Farmer or Planter, tion applies to e.ch and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> st.ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "E haustion," "Heart failure," "Hemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, (Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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FOR BINDING

IARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH	2418
1. PLACE OF DEATH	(31)	- XIII
County Baltimore	Registration Dist. No. 33	
Village or City Owing mills	No. Rosewood State Training School f death occurred in a hospital or institution, give its NAME Instead of street and n	Ward (
Length of residence in city or town where deeth occurred 26 yrs. 6 mos	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Harry E, Hastings		
(a) Residence: No. Salisbury Accomico (Gusual piace of abode)	Ward. If nonresident give city or town and	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH March 22 (Month) (Day)	, 193 4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of aug 5 1933 to march 22	
6. DATE OF BIRTH (month, dev, and yeer) Opril 25, 1885	i last saw have elive on march 22 1934	
7. AGE Years Months Days if LESS than 1 dey,hrs.	to heve occurred on the date stated ebove, at 2:40 d m. The PRINCIPAL CAUSE OF DEATH end related causes of importance	, 3000713 3010
8. Trade, profession, or particular kind of work done, as SPINNER, State Training School SAWYER, BOOKKEEPER, etc. 7. Industry or business in which work was done as SILK MILL.	Were es follows: Shiopathic Epilepay Chronice Interstitute of the	Date of onset 1897
A Industry or business in which work was done, as SILK MILL.	Chronic myocarditte	dukum
SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) year) II. Totel time (years) spent in this occupation	Mremial	3/10/34
12. BIRTHPLACE (city or town) Salisbury Miconics (Stete or country) Congression	Other Contributory Causes of importance: Quericular Dibrillaleon	8/5/33
13. NAME Unknown		
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Corre Dete of What test confirmed diagnosis? Clinical Westhere en el	utopsy? Dia
15. MAIDEN NAME Jasting	23. If death was due to externel causes (VIOLENCE) fill in elso the following:	
(State or country) Muconney 6.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT State Training Salvoll. (Address) Owing miles, Mid	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Moscured Com Date March 23, 1934	Manner of injury	
19. UNDERTAKER J Fleline + Sons (Address) Pustustain Md	24. Wes diseese or injury in eny wey related to occupation of deceesed?	4
20. FILED March 22, 1934 - H. W. Slade.	(Signed) George C. Medawy	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Fill V = D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOI	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

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Example I	A PARTIES AND A	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY	PHYSICIAN
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n plain terms, so that it may be properly classified. Exact statement of OCCUPA-nt. See instructions on back of certificate.

stated EXACTLY.

should be

supplied.

ATH in plain

TION is very impos

N. B.—WRITE PLAINLY,

mation should be CAUSE OF DE

PHYSICIANS should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

02420
38

1. PLACE OF DI	EATH			(17)	0
County Bal	Ltimore			Registration Dist. No	/
Village or City Towson, Maryland		No. Sheppard & Enoch Pratt Hospital death occurred in a hospital or institution, give its NAME instead of street and	1Ward		
Length of residence	in city or town where de-	eth occurred_1		death occurred in a normal or institution, give its INAINIE instead or street andds. How long in U.S. If of foreign birth?m	
2. FULL NAME.	Frederick 1	Wilton H	eil		
(a) Residence: No	. 3936 Park	Heights (Usual place	Ave.	St., Ward. If nonresident give city or town and	State
PERSONAL	AND STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. CO	White	5. SINGLE, MAR OR DIVORCE Marri	RIED, WIDOWED, D (write the word) ed	21. DATE OF DEATH March 8 (Month) (Day)	, 193 34 (Year)
5a. If married, widowed, or HUSBAND of	divorced				
	ary Gauthron	op		22. I HEREBY CERTIFY. That I attended November 9 1933 to March 8,	deceased from
6. DATE OF BIRTH (month	, day, and year) Jul	ly 27, 1	896	I last saw him alive on March 8 ,19 34	_; deeth is said
7. AGE Years 37	Months 7	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 7:20 pm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importanco were as follows:	Date of enset
8. Trade, profession, of kind of work do SAWYER, BOOK		Clergyma	n	Encephalitis lethargica	Jan
Andustry or husine	se in which				1933
SAW MILL, BAI	as SILK MILL, VK, etc	11 Total i	ime (years)	Bronchopneumonia	Mar
this occupetion	(month) and 7 935	3 spa	nt in this 8 yrs		6, 134
12. BIRTHPLACE (city or to (State or country)	wn) Baltimor	e, Maryl	land	Other Contributory Causes of importance:	
13. NAME Henry	Heil				
14. BIRTHPLACE (city (State or count	or town) Maryl	and		Name of operation	
15. MAIDEN NAME	Elizabeth	Dasett		23. If death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city (State or count)	or town) Maryla	nd		Accident, sulcide, or homicide? Date of injury Where did Injury occur?	
17. INFORMANT HOS	spital recor	rds		(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, O	or REMOVAL This	Lose Ma	rch1/1254	Manner of Injury	
19. UNDERTAKER (Address)	A Melo	ulle	fare	24. Was disease or injury In any way related to occupetion of deceased? If so, specify	
20. FILEDILLULL 7	., 1934 Xdu	1. Du	Oef Registrar.	(Signed) Arthur E. Pattrell (Address) Towson, Md.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	11111
Gallstones	May 1,1923	Gastroenteritis	1 year
	N		

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	92:0	
county Baltimos	Registration Dist. No. 30	
Village of the Par Anna Perille	No. Three Lowe Hespetal death occurry in a hospital or institution, give its NAMIZ instead of street and nu	Ward
Length of residence in city or town where death occurredyrs,	. 14_ds. How long in U.S. if of foreign birth?mos	ds.
2. FULL NAME Larah Hender		
(a) Residence: No. 260 cf Reslym au (Usual place of abode)	_ St., Ward. Ball give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Feverale White wird dowed	(Month) (Day)	(Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Whatow Handsison	22. I HEREBY CERTIFY, That I attended d	eceased from
6. DATE OF BIRTH (month, day, and year) Cept 30/185/	1 last saw h.e. alive on 2 620/69-, 19-3-4	; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on tha date stated above, at Caracam. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
82 10 18 ormin.	were as follows:	Date of onset
%. Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.	Ch Endros lities	4.044
9. Industry or business in which work was done, as StLK MILL,	Chr. Charcaragus	1.9/2
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 11. Total tima (years) spent in this occupation, 30 444		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(Stata or country)	Unterio-Scherosia	24/10
13. NAME Ly then M. Joseph	Serile Psychosis	2 4/20
13. NAME Latter M. Gorseel 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au	u¹opsy?
IS. MAIDEN NAME Slan Hendoson	23. If death was due to external causes (VIOL ENCE) fill in also tha following:	
15. MAIDEN NAME SCOUNTS 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
E (State or country)	Where did injury occur?	
17. INFORMANT Mrs. 9 Badenkolf (Address) 26 CC Balling Chris	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL FLORE STATES	Manner of injury	
Place Mer Kanches R. E. Churche Stow 2/, 193.		
19. UNDERTAKER Seo W Stille	24. Was disease or injury In any way related to occupation of deceased?	20
(Address) 2/00 6 die on folder Grow	1f so, specify (Signed) (A) CF E G COA C H	L MD
20. FILED 3/20 , 1934 Af Gully Registrar.	(Signed) V 2004 January (Address) Oakovber Co. 20	n of
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis P E C E V - D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUPPAN V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12432
1. PLACE OF DEATH	3
County Baltemay	Registration Dist. No. 3 /
Village or City alberton	No. Fulling St Word
(If Length of residence in city or town where death occurred	death occurred in a horpital or restitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Baby Higgs	Jos. 100 Tolegn Bildi:JisJis
(a) Residence: No.	04 W. J
(Ugual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 24, 193 \$\frac{4}{(Month)} \tag{(Oay)} \tag{(Year)}
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	1 HEREBY CERTIFY. That t attended deceased from march 24 1934 to march 24 1934
6. DATE OF BIRTH (month, day, and year) March 24, 1934	I last saw h- in alive on March 24, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
0 0 0 1 day,Q_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	tillbirth
S. Trade, profession, or particular to the first time (years) S. WYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	
10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Celebraton	Other Contributory Causes of importance:
(State or country)'	Premature buth 4 mos
13. NAME Elme Higgs 14. BIRTHPLACE (city or town) Belto Co	y - 30' - 30
14. BIRTHPLACE (city or town) Betto co	Name of operation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Margaret Good	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17. INFORMANT Fatter	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Place, 19,	Manner of injury
19. UNDERTAKER(Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 24, 1934 Albert Mc Kenzie	(Signed) Clepha 71 Nervert M.D.
Registrar.	(Address) Cllert Gilly mel.

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Example I	1	Example II	- w 5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BEIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

If nonresident give city or town and State (Year) Date of onset Was there an autopsy? (Specify city or town, county and State) saran berns

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltingfre, Requesting V. S. No. 1.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
A SEAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 62424
1. PLACE OF DEATH	23
County Baltimore	Registration Dist. No. 9
Village or City EUDOWOOD SANATORIUM, TOWSON,	MONO. St Ward
(If Length of residence in city or town where death occurredyrs/mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Loretta Beatrice lea	ds.
	nnew B-Of
(a) Residence: No. 2 # 20 W estilled WH. (Usual place of abode)	St., Ward. / Satture If nonresident give city or town and Spate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fewal Plut 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (word) Word)	21. DATE OF DEATH March (Month) (Day) (Ver)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. C I HEREBY CERTIFY, That I stended decessed from
6. DATE OF BIRTH (month, day, end year) December, 10, 1901	1 last saw h. ls. alive on March 27, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1m.
3 0 1 6 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, Houseway SAWYER, BOOKKEEPER, etc.	Putriskan Interactions september
9. Industry or business in which work was done, as SILK MILL, Drug Home	
10. Date deceased last worked at this occupation pantition (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Maysville (State or country) Pannaultown	Other Contributory Causes of importance:
13. NAME Thomas Faleur	
14. BIRTHPLACE (city or town) Baltense	Name of operation. Nove Date of
(State or country)	What test confirmed diagnosis? X Kay Wes there an autopsy? Mo
15. MAIDEN NAME Quina Falk	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Baltimore (State or country)	Accident, suicide, or homicide? Date of Injury, [9
Hospital RecordsPersonal History Linguishant Eudowood Sanatorium. Towson. Md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placetouden Plx Date Mar 30,1934	Nature of injury
19. UNDERTAKER (17 8) Garel St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mich 27, 1934 Orm P. Butter Registrar.	(Signed) Towson, Md.
If more blanks are needed ad A Crate Penistran	N. Chala Sana B. Li B. Cara C. V.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

state

V. S. No. 1 ä

1. PLACE OF DEATH	TERTIFICATE OF BEATH
County Bellinne	Registration Dist. No.
Village or City Phyeny	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME ada austin	Jesson
(a) Residence: No. Phyllipse of abode) (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeneth 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
Fa. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	march 23, 19 34, to march 31 , 19 34
6. DATE OF BIRTH (month, day, end year) Clcv 9 1856	I last saw h. en_alive on Manch 31 19.24; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et9.19m,
8 5 72 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	I as tri Halmmonhage I We
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	Carcinoma of Stomach
13. NAME William gessyl	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIOEN NAME Many Johnson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME May VIIII	Accident, suicide, or homicide? Oate of Injury, 19
17. INFORMANT Mis Blanche Couley (Address) Lock Rayn and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury - Move
Place Sherwood Oate Sprit 3, 1934	
19. UNDERTAKER W & Brooks & Son (Address) Sharles ma	24. Was disease or injury in any way related to occupation of deceesed?
20. FILE Apr 2 13 Panies Of Clar	(Address) Creshway 21. CM
	r. 2411 N. Charles Street, Baltimore, Requesting U. S. Ng. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	tr -
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 02426
1. PLACE OF DEATH	20
County Baltimore	Registration Dist. No. & 98
Village or City EUDOWOOD SANATORIUM, TOWSON	NNO. St., Ward
Length of rasidenca in city or town where death occurred vrs 6 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
\sim 1 $^{\circ}$ \wedge $^{\circ}$	ds. How long In U. S. If of foraign birth?yrsmosds.
2. FULL NAME May Lavenia Jol	usm. 2 A-
(a) Residence: No. 5 6 45 Vovane and (Usual place of abode)	St., Ward. St., If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Fewal White Single.	March 25, 1934 (Month) (Oay) (Year)
Se. If marriad, widowed, or divorced HUSBAND of	(1007)
(or) WIFE of	22. HEREBY CERT FY, That I altended decased from
6. DATE OF BIRTH (month, dey, and year) March 10. 1890	I lost saw her alive on Merch 25, 193 4; death is said
7. AGE Yaers Months Days If LESS than	to have occurred on the date stated above, at 10:15/m
44 0 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 1 - 8. Trade, profession, or particular	Pulmonan Interculosis Chansel
kind of work done, as SPINNER, Forelady	1932
9. Industry or business in which work was done, as SILK MILL, Dues Parlong SAW MILL, BANK, atc	
10. Date deceesed last worked at 11. Total time (years)	
this occupation (month as 1930 spent in this occupation 1930	
12. BFRTHPLACE (city or town) Baltimon Courts	Other Contributory Causes of Importanca:
(Stata or country)	
13. NAME Clarence Johnson.	
14. BIRTHPLACE (city or town) Phoening	Name of operation. Data of
(State or country)	What test confirmed diagnosis? L. Reng. Was there an autopsy? W.
15. MAIOEN NAME Mary Woodfuld	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Shady Shade	Accident, suicide, or homicide? Date of Injury, 19
Hospital RecordsPersonal History	Where did injury occur? (Specify city or town, county and State)
T.INFORMANT Eudowood Sana torium, Towson, Md.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TO ASSON, MO.	Manage of Latinus
Place Prospect South man 2 1934	Mennar of injuryNature of injury
9. UNDERTAKER May M. M. doleld	24. Was disease or injury in any way related to occupation of deceased? No
(Address) 30 6 22	If so, specify
20, FILE Med 25 1984 Ot. P. Bulter	(Signed) A Bridges M. D.
Del Registrar.	(Addrass) Towson, Md.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

24. Was disease or injury in any way related to occupation of deceesed?

If so, specify

e Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address)

20, FILED

RESERVED

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Other contributory causes of importance		Other contributory causes of importance:	10
Gallstones	May 1,1923	Gastroenteritis	1 year
			7.

BINDING FOR RESERVED MARGIN OF CIANS should state statement of OCCUP PLACE OF DEATH 3 alto

2FULL NAME

3 SEX

7 AGE

6 DATE OF BIRTH

8 OCCUPATION

9 BIRTHPLACE

PARENTS

(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)

(State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

13 BIRTHPLACE

OF MOTHER

(Informant)

Filed.

(Address

(State or country) 12 MAIDEN NAME OF MOTHER

(State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

PERSONAL AND STATISTICAL PARTICULARS

(Month)

MARRIED.

WIDOWED.
OR DIVORCED
(Write the word)

(Day)

narre

(Yesr)

IfLESS than

I day hrs.

4 COLOR OR RACE

108

16 DATE OF DE

that I last saw

and that death

The CAUSE OF

Contributory

17

ME

I HEI

STATE OF MARYLAND CERTIFICATE OF DEATH

Keg	istration D	ist. No.	
St.:	Ward)	tion, give i	occurred in or institu- ts NAME in- street and
DICAL CERTII	FICATE O	F DEATH	
(M) REBY CERTIFY, A 1922 Y. Aliye on Decurred on the operation as as	onth) That I atte to hu hat late stated	nded the de	(Year)
(Dura	ation)	yı	108. / D. de.
1984 (Address)	Ru	4 Just	M. D.
(Madress) "			Tunnela.Tunnena

Secondary *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from

8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the State.....yrs.....mos.... Where was disease contracted,

if not at place of death?

Former or usual residence

19	PLACE	OF	BURIAL	OR	REMOV	L

DATE OF BURIAL

20 UNDERTAKE

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Item

EVBLY



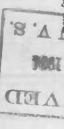
(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specification as Day laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman. For persons who have no occupation But in many (6) Grocery;

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tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory affection need valvular heart Nomenclature of the disease; not be

If this certificity is Tooked lover thoroughly and all questions answered in detail, it will prevent further of spondence. All the data is essential and must be obtained before the certificate is permanently field.



		5.7
	County Dallinge	Registration Dist. No.
	Village or City Chestrus Rudge	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	mosds. How long in U.S. if of foreign birth?yrsmos
-	2. FULL NAME tolen F. Jones	
	(a) Residence: No. Chestury Re	94 St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE S. SINGLE, MARRIED, W. OR DIVORCED (write)	ord) (March 11, 1934
5a.	. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yé
	(or) WIFE of Justonera a. Lone	22. HEREBY CERTIFY, That I attended deceased
	7/1	Jemen 3, 19 34, to March 11, 19.
	DATE OF BIRTH (month, day, and year)	than to have occurred on the date stated above, at 1. 4.8 A.m.
	I day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8 Trade, profession, or perticular	n. Were as follows: Oate o
0	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(1) State Boursa tate
OCCUPATION	9. Industry or business In which	Indicately all new lasting 10
22	work was done, as SILK MILL, SAW MILL, BANK, etc	
ŏ	105 Oate deceased lest worked et this occupation (month end year)	Chronic interstitial nephritis Cua
		Other Contributory Causes of Importance Duration: renknown.
12.	. BIRTHPLACE (city or town)	
2	13. NAME Saline Images!	
FATHER	14. BIRTHPLACE (city or town)	Newstands Move
F	(State or country) United with	Neme of operation Date of What test confirmed dispession
ER	15. MAIDEN NAME Whinning	What test confirmed diagnosis? Was there an autopsy? 23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
ž	(Stete or country) llukuowa	Where did injury occur?
17.	INFORMANT (Address) Woodstack W.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Seven Date 24 411.14	Menner of injury Nove
19.	UNDERTAKER CHarry Heer	24. Was disease or injury in eny way related to occupetion of deceased?
	(Address) Systemille Mid.	If so, specify
20.	FILED March 11 a 1934 At Drack	O (Signed) D & Senson
	If more blanks are needed, address Sta	ar. (Address) When the first

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Other contributory causes of importance:	sð.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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8

No. σž PHYSI-

1PLACEDOF (DEATH	STATE OF MARY AND 430
County Calleman 00	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 32
Village or City Sikeserelle (No. 10)	() An in a long Rand with a (If death occurred in
2FULL NAME William E. B.	a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 2 , 1934
6 DATE OF BIRTH august 25, 1859 Men 2 August 1834	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw herealive on Men 1924
l day hrs.	and that death occurred on the date stated above, at
yrs. mos. de. or min.? a SCRUPATION (a) Trade, profession or particular kind of work	Cerebral Kemorshage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Ballinine , - Mel.	Contributory Secondary Duration Duration description
10 NAME OF FATHER William Jones.	(Signal) Fr - S - Marting M. D. May 3, 193 MAddress) Randellalor
OF FATHER (State or country) Ballinore, Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mollel Sheenfield	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ballenore, Mcl.	At place of deathyrsmosds. In theyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Muchas & Borred.	usual residence
(Address) 10/ (Namudon twe,	Saler Centitary) Mar 5 th 1034
15 Filmuh 5 1984 It Temps	Towell's Bylee 2904 Cdmonelson
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The n ture of the injury, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stited unless important. (secondary use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia, approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuny American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial ncphritis, cough; "" "Weakness," etc., when a definite disease or intercurrent) affection need not be ss important. Example: *Measles* (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 82-a tated EXACTLY, Properly classified. certificate. Registration Dist. No. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH W are 4 COLOR OR RACE 5 SINGLE. 3 SEX be OR DIVORCE (Month)-(Day) Write the word) 1 HEREBY CERTIFY, That 1 attended the deceased 6 DATE OF BIRTH (Month) Day) and that death occured on the date stated above, at 7 AGE IIf LESS than I day hrs. The CAUSE OF DEATH * was as follows: de. or ____min.? 8 OCCUPATION 99 (a) I rade, profession or particular kind of work ai (b) General nature of industry d business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary FAT (State or country) yrs......mos. 1 D_ds. (Duration) p 10 NAME OF 0 FATHER 0192___ (Address) 11 BIRTHPLACE OF FATHER ENT *State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of injury and (2) whether (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAME C 18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Trans-AH OF MOTHER 00 ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death yrs ds. (State or country) 0 Where was disease contracted, 0 if not at place of death?... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every Item CIANS sho statement Former or usual residence. 19 PLASTE OF BURIAL OR REMOVAL DATE OF BURIAL Filed. deleter Lato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health should be used only when needed. As examples: (a) additional line is provided for the latter statement; if the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Spinner, (b) Collon mill; (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only . . t paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Foreman, For many occupations a single word or term on Farm leborer, yrs). For persons who have no occupation without more precise specification as Day ₩: (b) Automobile factory. are engaged in the duties of the Laborer-Salesman, (b) -Coal mine, ctc. Wom-Locomotive engineer, The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy" "Exhaustion," "Heart failure," "Haemorrhage, causing stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whoo, ing State cause for which surgical operation was under-". PUERPERAL seplicaemia," "PUER? ERAL perilonitis, diseases can be ascertained as the cause. as fracture of skull, and consequences (e.g., sepsis, teluius) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably succide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDA., American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; Chronic valeular hart Always qualify all The contributory etc.), "Dropsy, disease;

If this certificate is a coked over thoroughly and a l questions answered in derail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

	+ te :	STATE OF MARYLAND—	CERTIFICATE OF DEATH UZ432
	infor- state UPA-	1. PLACE OF DEATH ,	(178)
		County / Saltrupel	Registration Dist. No. 3 8
15	= =	Village or City own	No. 515 liquia ave St. Wa
VI	.= 0 /	(If	death occurred in a hospital institution, give its NAME instead of street and number)
	INS ent	Length of residence in one or town where death occurred yes	ds. How long if U.S. if of foreign birth?yrsmos
	CIA	2. FULL NAME William M. Koerne	
_	D. Every YSICIANS statement	(a) Residence: No. 57 5 Vitaguia (We.	St., Ward. Dwsow.
	PHYSICIANS	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
-	Exa	3. SEX 4. GOLOB OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	T X	Male White Grove (write the word)	March 2, 193 4
NG	IANEN A C T I ssifted.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
BINDING	IAN A C ussii	(or) WIFE of the Canderson Storemen	22. I HEREBY CERTIFY, That I attended deceased from
Z	Cla	1 7 1 8 7 1 8 P 7	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
M	IS A PE stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than	l last saw h; death is sa to have occurred on the date stated above, atm.
OR	IS A stated proper sertifice	4/ 1/ 1/ 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F			Was as follows: Date of one
S	HIS be of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and the state of t
[2]	nay back	SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(accidental)
RESERVED	F F	SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and specific this occupation (mon	
ES	1 to 0	10. Oate deceased last worked at this occupation (month and year)	
		12. BIRTHPLACE (city or town). Mary land	Other Contributory Causes of importance:
GIN	ADI. d. s, so ructi	(State or country)	
ARC	UNFA supplied n terms, ee instru	13. NAME John B. Koerner	
A	DEF	14. BIRTHPLACE (city or town) Sermany	Name of operation
	- 70	(State of country)	What test confirmed diagnosis? Was there an autopsy?
	carefully in pla	15. MAIDEN NAME Ougustard. Gurgurann	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	INLY, WI be careful EATH in p important.	5 16. BIRTHPLACE (city or fown) Skrmakuf	Accident, suicide, or homicide? Date of injury, 19
	INE be EAT	(State or country)	Where did injury occur?(Specify city or town, county and State)
		17. INFORMANT Lettel Juderson Roesser	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	should OF D	(Address) 575 lugura ave. Jawson 18. BURIAL, CREMATION, OB REMOVAL.	
		Place St friend ben. Date March 4 1934	Manner of injury
	WRITH mation sCAUSE	Lan Branch Land	Nature of injury
0,	T E O E	19. UNDERTAKER JOHN SOUL	24. Was disease or injury in any way related to occupation of deceased?
Z,	B T	20. FILED March 3. 1934 It. P. Britler	(Signed) William L. Butter M.
>	Z	20. FILEDOMANICO 2, 190 9 27 - CAUCA Registrar.	(Address) Sowrow

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II			
Date of onset	The principal cause of death and related of importance were as follows:	causes Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	\$ B	1		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis E	1 year		
	≥ 0	,		
	100			
	1915 1921	The principal cause of death and related of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02433
1. PLACE OF DEATH	(3)
County Battamorks	Registration Dist. No. 38
Village or City Carlwill	No 2907 Hillcrest ave'st, Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Andrew L. Hraft	
(a) Residence: No. 290 T (Hill Chest ON	West. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the yord)	21. DATE OF DEATH March (Oay) , 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrie C. Kraff	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 28th 1881	I list saw halive on3/6, 19.3%; death is sail
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 240 a.m.
52 60 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER (Constitution of the Constitution of the	The merselest flethering
9. Industry or business in which work was done, as SILK MILL. Banking SAW MILL, BANK, etc.	
1) Dato deceased last worked at this occupation month and search 15 11/Total time (years) spent in this occupation 7/10/14	
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Henry a. Kraft	
13. NAME Henry C. Kraft 14. BIRTHPLACE (city or town) Heldlyick	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Sealing	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Manuel E. Fraft (Address) 2907 Hillarsh ave	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Moreland Messelt & Date Mass. 19, 1934	Nature of injury
19. UNDERTAKER Frederich Jasachus of W (Address) 7401 Belaw Boad	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/17 , 1934 . W. Bacon Registrar.	(Signed) (Address) (S.10.3 Thanks)
Age and the second seco	, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

And Andreas	Example II	
ate of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
		1 week ago
lly 5,1927	Peritonitis	3 days ago
ay 1,1923	Other contributory causes of importance:	1 year
-	1915 1921 dy 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car 195,1927 Peritonitis Other contributory causes of importance:

HEALTH DEPARTMENT—CITY OF BALTIMORE

REGISTERED NO. 3 & (If death occurred in a hospital or institution, give its NAME instead of street and number.) ST., WARD (If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (moath, day, and year) 3/13/3 4 17 i HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19
(If non-resident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (moath, day, and year) 3/13/3 4/ 17 i HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
i HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h alive on 19 here 19
i HEREBY CERTIFY, That I attended deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19 1
that I last saw h alive on Stee here, 19
Little of the state of the state of the P -
and that death occurred, on the date stated above, at 2.40 m. The CAUSE OF DEATH* was as follows: Ontre-termine death - came
CONTRIBUTORY 7 (Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy?
(Signed)
state (1) Means and Nature of Injury, and (2) whether Accidental Sulcidal, or Homicidal. (See reverse side for additional space.) 19 PLACE OF BURIAL, CREMATION OR REMOVAL Boly runned 19 20 UNDERTAKER ADDRESS

N. B.—WRITE INLY, WITH FFADING INK—THIS IS A PERMANENT RE Every item of information should be carefully supplied. AGE should be stated EXACTLY. SICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

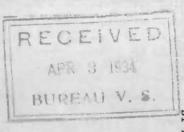
REVISED UNIT ATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Asso.]

occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on gainfully employed, as At school or At home. Care should be taken to report specifically the receive a definite salary) may be entered as House-wife, Housework or At home, and children, not examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form ment; it should be used only when needed. examples: (a) Spinner, (b) Cotton mill; pation whatever, write None. account of the DISEASE CAUSING DEATH, state occu-Women at home, who are engaged in the duties of the household only (not paid Housekeepers who without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter stateespecially industrial employments, it is necessary Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, e. g., Farmer or Planter, Physician, Compositor, respective of age. For many occupations a single word or term on the first line will be sufficient, business, that fact may be indicated thus: Farmer pation at beginning of illness. If retired from The question applies to each and every person, ir healthfulness of various pursuits can be known. occupation is very important, so that the relative (retired, 6 yrs.). For persons who have no occu-Statement of Occupation.—Precise statement of AS

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

consequences (e.g., sepsis tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved CIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid-probably suicide. ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all mia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Conor terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Colinterstitial nephritis, etc. Medical Association. by Committee on Nomenclature of the American nature of the injury, as fracture of skull, MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent deaths state tis," etc. as "Puerperal septicemia," "Puerperal peritoni genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," ease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms stated unless important. ondary or intercurrent) mor" for malignant neoplasms); Measles; Whoopgin "Cancer" is less definite; avoling cough, chronic valvular heart disease; Chronic State cause for which surgical opera-Example: Measles (disaffection need not be The contributory (sec-



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112435
1. PLACE OF DEATH	23/
County Baltemure	Registration Dist. No. 98
Village or City Enducated Sacraforme	
Langth of rasidanca in city or town where daath occurredyrs/mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foraign birth?yrsmosds
2. FULL NAME muchal Outrick	Marceal
(a) Residence: No. 1325 - 7 Lull SA	· St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. 1f marriad, widowad, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded dacassed from
1	Lebruary 21 (, 19 34, to march 2 1934
6. DATE OF BIRTH (month, day, and year) NOV. 2/, 1932	I last saw h week alva on man ch 21 , 1924; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at AQ 320m. The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
8. Trade, profession, or particular	wera as follows:
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	
3. Industry or business in which	Culming take cultain
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Data decaased last worked at this occupation (month and year) occupation	not.
nol = ml	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / 3 acceptance / The Company	
13. NAME Offerman Knieger	
14. BIRTHPLACE (city or town) Bulternere, me	Name of oparation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Briefet Heigher	23. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) 13 alternus E, m1	Accidant, suicide, or homicide? Date of fnjury, 19
(State of Country)	Whare did injury occur? (Specify city or town, county and State)
	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY	Mennar of injury
Place Naw Golfrenwoods Murch 14, 1934	Natura of injury
19. UNDERTAKER THE STATE OF STREET	24. Was disaase or injury in any way related to occupation of dacaasad?
(Addiass) TO 0/ 2 April Com	If so, specify Control of the sound to the s
20. FILED HAICH 22, 1934 Mar Dutte	(Signad) 4 January 1944
If more blanks are needed address Seets Projects	(Addrass) Jacon M. M. J.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER S	STATEMENTS	BY	PHYSICIAN
------------------------	-----------	------------	----	-----------

FOR BINDING ARGIN RESERVED

PHYSICIAMS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of QCCUPA. stated EXACTLY. properly classified. See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	02436
County Galterione-	Registration Dist. No. 1/3
Village or City Posedale	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
me a car land	La Cal Ma
2. FULL NAME Marlene Cly about	dangen man
(a) Residence: No. Declaration (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
GR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Qual 5 1022	2 3 2 21/
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jalan 3/20/34
Andustry or business in which	17.100
work was done, es SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) - Bay more (State or country)	
13. NAME See At Bengenfelder 14. BIRTHPLACE (city or town) Balle (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
Ξ	23. If death was due to external causes (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
ha. H. Ch V. Ida.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Philosophia College Co	Specify whether injury occurred in industry, in nome, of in Poblic Flags.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stewners Cum Date Man 26,1934	Nature of injury
19. UNDERTAKEN John Welsich	24. Was disease or injury In any way related to occupation of deceased?
(Addres) 2006 (Calcana	If so, specify
20. FILED 3/25 1984 BA Frit	(Signed) Au M. D.
cgietrar.	(Adaress) 4810 Beldin Pd.
YC 11 1 11 (c) n :	N. O. A. C D. C D

If more blanks are needed, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years-the deceased followed the occupation.

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Example I E IVE	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registr

FOR BINDING

ARGIN RESERVED

	(63)			/ / /
		Registration	on Dist. No. 4	-4
No.				
leath occurred	in a hospital or institu	ition, give its NA	ME instead of street a	nd number)
			yrs	
scan				
St.,	Ward.			
			ent give city or town	
	MEDICAL C	ERTIFICAT	TE OF DEATH	
21. DATE	OF DEATH			
**		~2	28	, 193 3-
		(Month)	(Day)	(Year)
22.	I HEREBY	CERTI	FY, That I ettend	ed deceased fro
		, 19, to		
I lant on u. h		, 10, 10		, 19
	alive on	7.	levery 10 ac	; death is sa
				u day 1 G.
The PRINCIP	PAL CAUSE OF DEAT	IH and related ca	uses of Importance	
		, 0	,	Date of onse
0	und.	bell	7	
	and a		augus	7-
· · · · · · · · · · · · · · · · · · ·		·		
Other Cantril	butory Causea of Impo	ortance:		
Name of oper	ration		Date of	
Whet test cor	firmed diagnosis?		Was there a	n au'opsy?
			fill in elso the follow	
			Date of injury 3	
	ide, or nomicige! So	7 0	Date of Injury	Lac Pe
necident, sun			and lade day	
Where did In	jury occur?	(Specify city	or town county and	
Where did In		Officity city	or town, county and S HOME, or in PUBLIC	itate)
Where did In		Officity city	or fown, county and 5	itate)
Where did In	her injury occurred in	Officity city	or fown, county and 5	itate)
Where did In	her injury occurred in	Officity city	or fown, county and 5	itate)
Where did In	her injury occurred in	Officity city	or fown, county and 5	itate)
Where did Inj Specify wheth Manner of inj Nature of Inj	her injury occurred in	(Specify city n INDUSTRY, in	or fown, county and 5	State) PLACE.
Where did Inj Specify wheth Manner of inj Nature of Inj	her injury occurred in jury ury se or injury in eny w	(Specify city n INDUSTRY, in	or town, county and S	State) PLACE.
Where did Inj Specify wheth Manner of inj Nature of Inju 24. Was disease	jury jury ury se or injury In eny w	(Specify city n INDUSTRY, in	or town, county and S	State) PLACE.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follow:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
15.2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
V V			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state URD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112438
1. PLACE OF DEATH	- (s)
County Baltimace	Registration Dist. No. 30
Village or City Journ	No. 109 Chedapishe St., Ward
	death occurred in a hospital or institution, sive its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas Le positer	
(a) Residence: No. 109 blusasione	- St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 6 Sloved 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jack 26 , 1934 (Month) (Day) (Year)
5a. If married, without of divorced HUSBAND of (or) WIFE of Charlett Lassiter	1 HEREBY CERTIFY. Thet I etlended deceased from 1932 1932 to Mch 36 2 1934
6. DATE OF BIRTH (month (bdy, end yeer) 1876	I lest saw hem elive on mch 23 rd , 19 34 deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER,	Date of offset
SAWYER, BOOKKEEPER, etc. Jananer	arcinoma y Bladder 1932
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	& Proplate Obland
To. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
표 13. NAME ?	P
HE 13. NAME 7 14. BIRTHPLACE (city or town)	Name of operation Rossellelowy Oate of Nec 195- What test confirmed diagnosis? Necro 2008 Research was there en autopsy? 240
E 15. MAIDEN NAME	23. If death wes due to externel causes (VIOLENCE) fill In etso the following:
16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT CARRY STATE OF THE STATE OF TH	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Complete Compared S., 1934	Manner of injury Nature of Injury
19. UNDERTAKER MAN Charge H. Feollass (Address) 630 During Haile	24. Was disease or Injury In any way related to occupation of deceesed? 200
20. FILED March 21, 1934 Star Sultano	(Signed) Dauel of the hos surfes M. D. (Address) Japason. Mod
If more blanks are needed, address State Registrar	2411 N Charlet Street Baltimove Requesting 71 S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

V. S. No. 1

DITITUTE	PERMANENT	RXACTLY
T OF	IS A	stated
ALIGHE DESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT	efully supplied. AGE should be stated EXACTLY
TENTE	WITH UNFAD	efully supplied.

Exact statement of OCCUPA-

properly classified.

VAUSE OF DEATH in plain terms, so that it may be properly of ION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1124	39 -
1. PLACE OF DEATH .	82-0)	
County Dalling	Registration Dist. No. 3 3	
Village or City Reis ters thoun mp.	No.	Ward
Length of residence in city or town where deeth occurred 15 vrs . P. mos	death occurred in a horpital or institution, give its NAME instead of street and number	er)
1 7 1. 0	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME John Herdinand Jan	eler bach.	
(a) Residence: No. 13 and are. Resolusion	2 St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED?	21. DATE OF DEATH	
Male white OR DIVORCED (write the word)	mde 2-3" 193	2/
5a. If married, widowed, or divorced		(Year)
(or) WIFE of annie a Santer back	22. I HEREBY CERTIFY, Thet I ettended decee	sed from
6. DATE OF BIRTH (month, dey, end year) Feb. 237 1853	2-1 - 2 - 1	19.3.1
6. DATE OF BIRTH (month, dey, end year) Feb. 23, 1853 7. AGE Years Months Oays If LESS then	. 67	th is seid
7 Q 1 dayhrs.	to have occurred on the date stated ebove, et 4	
R Trade profession or particular	were as follows:	e ol onset
S. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Oete deceased last worked at this occupation (month and this control to the second last worked).	Combrel Semantingo	
Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		
The source of though and The IV I die C. spent in this The A.		
O DE C	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Dalle . Les		
13. NAME John Henry Lanler back.		
4 14. BIRTHPLACE (city or town) Legen any (State or country)	Name of operation Dete of	
m has to	What test confirmed diagnosis? Was there an autops	y?
15. MAIOEN NAME That Amount.	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury,	19
A D D	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT & of one of the format one Ballo.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury	
Place all James Dete Marcy 93, 1937	Nature of Injury	
19. UNDERTAKER TO Berryman & Sons	24. Wes diseese or injury In eny wey releted to occupation of deceesed?	
(Address) Plisters from mg.	If so, specify	
20. FILED mile 23, 1934 Strollada	(Signed) Is. Mr. Blady	M.D.
Registrar.	(Address) Reastantonic	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WRITI	mation CAUSE	TION is
S. No. 1	B.—	EO	T
>	ż	(1

1. PLACE OF DEATH County Balfare	RYLAND—	CERTIFICATE OF DEATH	2440
Village or City Exclusions.	quatorie	Registration Dist. No.	.0
Village of City		NO St., death occurred in a hospital or institution, give its NAME instead of street at	Ward number)
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME anna ma	y Law		
(a) Residence: No. Eistowood	Sauate	rusm (Ward.) md.	
	ice of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH Month) (Month) (Day)	, 193 4
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attende	ed deceased from
Q	11 19221	, 19 , to	, 19
AGE Years Months Days	If LESS than	liast saw h. Salive on March 5 1934	; death is said
. Add loads	I day,hrs.	to have occurred on the date stated above, at. 3.2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uf	Lastron enterities Duration: nat stated.	
kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc. 1 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased last worked at this securation (month and	•••••	maras mus lugg	merch
this accepation (month and	I time (yaars) pent in this coupation		1934
2. BIRTHPLACE (city or town) (State or country)	ml	Other Contributory Causes of importance;	
13. NAME Celbert Lace			
13. NAME Cliffer + Jack 14. BIRTHPLACE (city or town)	A. md	Name of operation Date of	
(State or country)		Name of operation Date of What test confirmed diagnosis? Was there a	
15. MAIDEN NAME marche mol	lett.	23. if death was due to external causes (VIOL ENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	Covery Ma		, 19
7. INFORMANT Jather - alter	Low	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Chestrust Grove Date MA	rde 8 134	Manner of injury	
9. UNDERTAKER Softing 98m. (Address) Lanettsville	md.	24. Was disease or injury in any way ralated to occupation of deceased? If so, specify	
O. FILEDWARDLE T, 1938 Mr. D.	Registrar.	(Signed) 4. H. fin peliteria (Address) Down md	M, D

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

Z

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02441
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·
county (altrinor	Registration Dist. No.
Village or City Jones Cval	No. Land a Carl St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Still born forthe	· (Lewis)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whit S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 6 193 4
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 5 73;	l last saw h alive on 19 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	stal born fortus
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BAHK, etc. 10. Date deceased last worked et bis occupation (month and	
10. Date deceased last worked et this occupation (month) and spent in this year)	
Maria Passas	Other Coutributory Causes of importance:
tz. BIRTHPLACE (city or town) Balto To You of (State or country) Balto To You of	Premater britt
II 13. NAME Mobist M. Lewis	(2/2ms)
13. NAME Movert M. Lewis 14. BIRTHPLACE (city or town) Balto (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town)	Where did injury occur?
Q. R. Leuris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address Db an ous Pourt fones Creek	- Opening mounts injury securities in the security, in notice, of introducts a rate.
18. BURIAL CREMATION, OR REMOVAL ()	Manner of injury
Place leut a John Bate opkin 19.	Nature of injury
19 UNDERTAKE Pratomical Laboratory	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If se, specify () f 10
20 SUED War 6 th 34/91 At Convicoin	(Signed) (Signed) M.D.
Registrar.	(Address) paronson

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	:442
1. PLACE OF DEATH	(82.E)	
County Boltmare	Registration Dist. No. 3	0
Village or City Galonsville	NoSt.,	Ward
/ 5	f death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME adjabeth Loesch		
(a) Residence: NoOld Fresh Rd. + 6 d mondson (Usual place of abode)	October Coff Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH March 575 (Month) (Day)	, 193. 44 (Year)
(or) WIFE of all Sensy Jaseh	22. HEREBY CERTIFY, That I attended of Sept. 1 1934, to March 5	., 19.31
6. DATE OF BIRTH (month, day, and year) June 6. 1854	I last saw her alive on March 3, 1934	; death is said
7. AGE 79 Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
& Trade, profession, or particular	were as follows:	Date of onset
sawyer, BOOKKEEPER, etc.	artino Scleros 15	104009
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Gello. M. (State or country)	Other Coutributory Causes of importance: Cere Some Thrombosis	- Suksog.
E 13. NAME Martin Miller		
13. NAME / WWW / WILLY 14. BIRTHPLACE (city or town) / (State or country)	Name of operation Com Date of What test confirmed diagnosis? Dionical fruitings there an air	4.0
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Marting W. Laesch (Address) Old Freak, Rd. Catonswill	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	cc.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place audow JC. Date McW. 8, 1934	Nature of injury	
19. UNDERTAKER Havry Huible (Address) 4/01 / Edmondson aun	24. Was disease or injury In any way related to occupation of deceased?	10
20. FILED 3/ 9 193 K Registrar.	(Signed) Chrilland Sewart (Address) 1735 to 28 15 St. Bo Ho	md.
If more blinks of needed and sis State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnous Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs. statement 2. FULL NAME ORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH NENT 5a. If married, widowed, or divorced HUSBANO of 0 I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to heve occurred on the date stated shove et and related causes of importence or____min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc. may back 9, industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et On 11. Totel time (years) this occupation (month and spent In this that occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14, BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis?. --- Was there an autopsy? ----MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Neture of injury LION 24. Was disease or injury in any way related to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Buerw v. s.				
Other contributory causes of importance:		Other contributory causes of importance:	-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
VDDITIONAL	DI ZIULI	LOIL	T. O ICT III INC	STUTINITIO	DI	THEFT

N. B.

	CERTIFICATE OF DEATH	144
1. PLACE OF DEATH		
County Kaltimore	Registration Dist. No.	*****
Village of City Catowserlle	No. Spring Trove Hospital	_Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a horpital of institution, give its NAMH instead of street and number) s) de
(h) - h,	O TOTAL CONTRACTOR OF THE CONT	
	Q	
(a) Residence: No. 1333 Well (Usual place of abode)	St., Ward. If conresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	CE TOURS OF THE PARTY OF THE PA
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Towale (a) (a) OR DIVORCED (write the word)	march 17 1936	4
5a. If married, widowed, or divorcod	(Month) (Day)? (Ye	ear)
HUSBAND of (or) WIFE of Lingle	22. I HEREBY CERTIFY, That I attended decease 1924 to Puch 17 19	d from
6. DATE OF BIRTH (month, day, and year) Febr (2/1917	I last saw h. er alive on Meh 17, 193 4; death	ls said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 2 - 72 m.	
17 / S 1 day, hrs.	ware se follows.	
8 Trade, profession, or particular kind of work done, as SPINNER, Lehoolgine SAWYER, BOOKKEEPER, etc.	Date o	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and this occupation (month and this occupation (month and this occupation (month and this occupation).	acute Delirieum 12	day
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this occupation 10 7/	Paychetic in ongin	
12. BIRTHPLACE (city or town). Daltmak	Other Contributory Causes of Importance:	
(State or country) South	Many Depressing 12	day.
13. NAME michael marcelling	Burlain	10
13. NAME Michael Marcelling 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an au'opsy?	,
# 15. MAIDEN NAME JORPAine Russo	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19	
E (State or country) Stale	Where did injury occur?	
17. INFORMANT Suchael Marcellino (Address) 1332 K. 100 Dh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR PROVAL	Menner of injury	
Please of Personal Men Ch. 19.34	Nature of Injury	
19. UNDERTAKED The sur Mcloully	24. Was disease or injury In eny way related to occupation of deceased? 200	
(Address) 28 Ethort are	If so, specify	
20. FILED 1937, 1937 All Registrar.	(Signed) VII of Carnell	M. D.

If more blanks are noched, address Btate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V	5	IAILO	F MAR	YLANI
1. PLA	CE OF DEAT	ГН		
Cour	nty Ball	time		
Villa	ge or City Ou	nogeni	ills, h	rd.
Leng	th of residence In cit	ly or town where d	eeth occurred	4 yrs. 7
2. FUL	L NAME	Charle	es ma	reche
(a)	Residence: No	Ballin	ne City (Usual place	of abode)
PE	RSONAL AN	D STATISTI	CAL PARTI	CULARS
3. SEX			OR DIVORCE	RIED, WIDOW D (write the wo
5e. If marrie HUSBA (or) W	d, widowed, or divo ND of IFE of	rced		0
6. DATE OF	BIRTH (month, de)	, end yeer) S	pt 14,	1923
7. AGE	Yeers	Months	Days	If LESS 1
	10	6	0	ormi
Z 8. Trac	le, profession, or pe kind of work done,	es SPINNER,	mate,	Rosemo
E 9. Indi	istry or business in	which Cal	ale in	winds
and a	work was done, es S SAW MILL, BANK, e	tc. MILL Tue	els, m	1.
10/	this occupetion (moi	ked et nth end ——	spe	ime (yeers) nt in this
+3	yeer)	~ / · · · · · · · · · · · · · · · · · ·	_	ipation
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¥ 10. BIK		wii)		
17. 1NFORM	ANT Gratis		2 Recon	do
			raining	wills,
	11)	00	Date M as	ch 15.
Flace	1 1 9	7/-		, 1
19. UNDERT	AKER S	Mus /	tons	
	Court Villa Leng 2. FUL (a) PE 3. SEX 5e. If marrie HUSBA (or) W 6. DATE OF 7. AGE NOT VILLE BIRTHPI (Stell WHEN LENGTH) 12. BIRTHPI (Stell WHEN LENGTH) 14. BIRTHPI (Stell WHEN LENGTH) 15. MAI 16. BIRTHPI (Add 18. BURIAL, Place	Village or City Order Length of residence In cit 2. FULL NAME (a) Residence: No. PERSONAL AN 3. SEX 4. COLO MUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, de) 7. AGE 8. Trade, profession, or pekind of work done, symptem, BOOKKEE 9. Industry or business in work was done, ess SAW MILL, BANK,	1. PLACE OF DEATH County Ballemere Village or City Ourney Inc. Length of residence In city or town where decays and the service of the ser	1. PLACE OF DEATH County Balleman Village or City Dury mills Menter deeth occurred Length of residence In city or town where deeth occurred 2. FULL NAME Charles Ma (a) Residence: No. Balleman City (Usual place PERSONAL AND STATISTICAL PARTI 3. SEX 4. COLOR OR RACE S. SINGLE, MAR OR DIVORCE White Second HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) 7. AGE Yeers Months Days 8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BOOKKEFPER, etc. State Trace 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. State Trace 10. Dete deceesed lest worked et this occupetion (month end yeer) 11. Total to this occupetion (month end yeer) (Stete or country) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME Market Mar

20. FILED Mys 15, 1924

STATE OF MARYLAND—CERTIFICATE OF DEATH 02445

	Registration Dist. No. 33
	No. Rosewood State (racing) Sest, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
mos.	- 9ds. How long in U.S. if of foreign birth?yrsmos,ds.
11	· · · · · · · · · · · · · · · · · · ·
u	Ward. If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
;	21. DATE OF DEATH Mar 14 (Month) (Dev) (Yeer)
n hrs.	22. I HEREBY CERTIFY, That I ettended decessed from 1934, to War 14, 1934 I lest sew harmelive on War 14, 1934; deeth is said to have occurred on the dete stated ebove, at 7:154 m.
e	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows: Date of onset 3/3/3 4
	Other Contributory Causes of importence:
	Name of operation was Date of work What test confirmed diagnosis? Clinical Was there en eutopsy? Wo
2	23. If death wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
34	Manner of Injury
	24. Wes disease or injury in any way related to occupation of deceesed? If so, specify (Signed) Serge C. Medawy M. D. (Address) Owngo wills, Jud.
trar.	(AOGIESS) Charles Street Baltimore Requesting T. S. No. r

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are notice, attaress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

(Day)

Ward

death is said

Date of enset

Was there an aulopsy?_ MAS

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			223
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS I	BY	PHYSICIAN	Ĭ
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V. S. No. 1

be

CAUSE OF DEATH in plain terms, so that it may

D. Every item of infor-

STATE OF MARTLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
Village or City LLX CLX	Registration Dist. No
Village of City	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME TOWARD //	grain
(a) Residence: No. Usual place of abode)	St., Ward. St., Ward. St. Ward. St. Ward. St. St.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Lie 21 1932 to March 31, 1934
6. DATE OF BIRTH (month, day, and year)	2 I last saw h an alive on Monch 29, 1934; death is said
7. AGE Years Months Days If LESS that	
celus 82	hrs. The PRINCFPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artur Scleros
	- A
SAW MILL, BANK, etc.	Carly Insuffrency 2 yr
occupation	1
year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME	
I 13. NAME	
f4. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
w l	23. If death was due to external causes (VIOLENCE) fill in elso the following:
I E I Lands	Accident, suicide, or homicide? Data of injury, f9
O 16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
(State or country) 17. INFORMANT Olys Home Recovel (Address) 18. BURIAL CREMATION. OR REMOVAL	(Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of injury
Place Balto. Co. Ilms House Date april 9 719	Nature of injury
19. UNDERTAKER William la Brooks & Son (Address) Sharks md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March 3/ 1934 William Plah Cotol Registre	(Signed) 5 Sun M.D. (Address) Crepty such M.D.
If more blanks are needed, address State Reg.	strar, 2411 N. Charles Street, Baltimore, Requesting V. S No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ANGIN NESERVED FOR DI	TA VIICE	1	FOR	7
BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	UNFADING	INK-TH	IIS	IS A P.	쯢
mation should be carefully supplied. AGE should be stated E.	upplied. AC	E should	pe	stated	田
CAUSE OF DEATH in plain terms, so that it may be properly of	terms, so th	at it may	pe	properly	
TION is very important. See instructions on back of certificate.	e instruction	s on back	of c	ertificat	e.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 112448
1. PLACE OF DEATH	95.2)
County/2011/11/11/10/20	Registration Dist. No. 44
Village or City formula le	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth yes. mos. ds.
2. FULL NAME When Martins	
(a) Residence: No. Actually Ma.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
M. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of Carrie May Martins (or) WIFE of Carrie May Martins	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 100 21. 1859	I last saw h Man alive on Man 30 193/ death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1:20 A.m.
74 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Intervally tu fandis
SAWYER, BOOKKEEPER, etc	Masular Miseau
work was done, as SILK MILL Mumployed	
10. Date deceased last worked at this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (city or town) Many Sand	Other Contributory Causes of importance: Mynaudial 3Mos
13. NAME William Martin	7,000,000
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME LOTAGE Flable	What test confirmed diagnosis? Was there an au'opsy? Was there are an au'opsy? Was the are an au'opsy? Was the are an au'opsy? Was there are an au'opsy? Was the are are an au'opsy? Was the are are an au'opsy? Was the are are are an au'opsy? Was the are are are are are are are are are ar
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // 1/1 6 and // gartin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OB REMOVAL PLANTAL CHAPTER DATE PRINT 2 134	Manner of Injury
19. UNDERTAKENTILDLY CHESTAND JONS (Address) 740 1 3 degree 1 decent	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/1 1934 olig & Connelly	(Signed) M. D. (Andress) Deficate M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BURGAU V	1			
Other contributory causes of importance:		Other contributory causes of importance:		
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	DDITIONAL SPACE	FOR FURTHER STAT	111	ICIAN Paled	
under	The Barrage		-34		,

-WRIT

N. B.-

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1. PLACE	OF DEATH			(119)		40	/
County	Ballo				Registration I	Dist. No	
Village 01	r City Colina residence in city actown where	death occurred		No. death occurred in a hospital or institution. ds. How long In U.S. if of			
2. FULL N (a) Resid	IAME Long dence: No. Coster	e Bern (Usual place	and m	St., Ward.	If nonresident	give city or town an	d State:
PERSO	ONAL AND STATIS			MEDICAL CE			
3. SEX	4. COLOR OR RACE	5. SINGLE, MAP OR DIVORCE	RRIED, WIDOWED. ID (write the word)	21. DATE OF DEATH	(Month)	3/	, 193 (Year)
5a. If married, wid HUSBAND o (or) WIFE of	dowed, or divorced if			22. I HEREBY	CERTIF	Y. That I attended	
	TH (month, day, and year) O	Deys	- /9 3 3 If LESS than 1 day, hrs. ormig.	I last saw h alive on to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH wore as follows:	above, et	, 19	
9, Industry work SAW O Date dec this o	of work done, as SPINNER, yeer, BOOKKEEPER, etc	11. Total	time (years) ent in this cupation	Congentuation Des Bastro enterities Des Other Contributory Causes of Impor		Jour days,	
	Bernard ACE (city or town) e or country)	mc ba	uley	Name of operation			
15. MAIDEN 16. BIRTHPL	ACE (city or town) le or country) Tom.	2 Bur	bett Canley	23. If death was due to external caus Accident, sulcide, or homicide? Where did injury occur? Specify whether injury occurred in	(Specify city or	li in also the following Date of Injury	ng: , 19
	benezer 6	8	u. Z , 1934	Manner of injury Nature of injury 24. Was disease or injury in any wa			
20. FILED 4	12 1934 /	hw/5. (onnelly Registrar.	(Signed) Jacob h	Tallm-	Run 1	ner m.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	

N. B.—WRITE

V. S. No. 1

	ce of Deat		ow		(95-f) Registration Dist. No.	3-3
	nge or City @		mil	Lo	No.	
				1)	death occurred in a hospital or institution, give its NAME instead of	
Leng	th of residence In city	y or town where	death occurred	yrs,mo:	ds. How long in U.S. If of foreign birth?yrs	mos
2. FUL	L NAME	mar	y Ve	bucca	Tre giz	
(a)	Residence: Np	arref.	yo me	ells	St., Ward.	
DE	DECNIAL AND	CTATICT	(Usual place		If nonresident give city or	
3. SEX	RSONAL ANI	OR RACE		RIED. WIDOWED.	MEDICAL CERTIFICATE OF DE	EATH
7		SN	OR DIVORCE	D (write the word)	(Month) (Day)	, 193 4 (Year)
HOSBA	widewed, or dfvoo	,	,		22. I HEREBY CERTIFY That I	-Maridad days and 6
(or) W	IFE of OC	pour	med	276	22. I HEREBY CERTIFY, That I	attended deceased fro
6. DATE OF	BIRTH (month, day,	and year) \$2	ine 13	1852	I last saw har alive on Dready / 9	, 1957 4; death is sa
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3 - Fm.	, a o su = = = , dodin 19 du
	81	9	6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import were as follows:	ance
8. Tra	de, profession, or par	rticular		i diasaiiiii.	WEIG 82 10110W2.	Date of onse
2	kind of work done, a SAWYER, BDOKKEEP	ER, etc				, Och
9. Inde	ustry or business in work was done, as SI SAW MILL, BANK, et	which LK MILL,	fuel	-	Carolio Basculas Be	acase 193
0 10. Date	e deceased last work	ed at -	11 Total ti	me (vears)		
- 1 %	this occupation (mon year)	th and 126,1	93) spar	nt in this 78/20		
a Diptuo	1 4 cm (-144)	m	L		Other Contributory Causes of importance:	
	LACE (city or town) te or country)			_		
13. NAN	ME Oli	Na 10	arran.	Disney		
14. BIR	THPLACE (city or tow	(n) 7	red		Name of operation	Data of
17.011	(Stale or country)	(11)			What test confirmed diagnosis? Was	
15. MAI	DEN NAME &	lizato	able an	es lotra	23. If death was due to external causes (VIOL ENCE) fill in also the	
- 1	THPLACE (city or tow	(11) 7	rrd		Accident, suicide, or homicide? Date of inju	
Σ	(State or country)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Where did injury occur?	
17. tNFDRM/	ANT Borners) Ore	rull 1:	nucle	Grandoor ned	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in P	y and State) UBLIC PLACE.
	CREMATION, OR RE	MDVAL	5_		Manner of Injury	
Place	Pleasant !	Lill Com	Date Brek	2/ 1934	Nature of Injury	
19. UNDERT	AKED Jose	fole &	ufer		24. Was disease or injury In any way related to occupation of dec	eased?
	ress) 160k	6 W. 9	rosch C	Ruz	If so, specify	resvui.
20 EU CD	md 20 19	34 1	may	rade !	(Signed) A - BM. Sheetel	M.
20. FILED.1.	, 15			Registrar.	(Address) Cerco Levo Leon	

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Example I	and on the	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	N. B.—WRIT LAINLY, WIT UNFADING INK—THIS IS A PERMANENT IS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICK	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem	/	/
	E		Exac		
5	ENT	TLY	ied.		
מוויתויות אוס ז מדו וחודיים וויים	MAN	XAC	lassif		
1	PER	d E	erly o	cate.	
1	IS A	state	prope	TION is very important. See instructions on back of certificate.	
1	HIS	2	eq.	jo :	
	K—T	plnor	may	back	
2	Z	E s	it it	on	
	ING	AG	tha	tions	
1	'ADI	ed.	S, SC	ruct	
	UNE	ippli	term	insi	
	D	y su	ain	See	
	WIJ	efull	in pl	Tr.	
	EK,	car	TH	greta	4
	AIN	l be	DEA	imi	4 . 10
4	L	non	OF I	very	
•	II	n Si	SE	S	
	W.R	natic	AU		
	B.				
	ż	(T)	

1. PLACE OF DEATH	108	15
County Buttimore	Registration Dist. No. \$ 37	
Village or City Sparks	No.	War
Length of residence in city or town where death occurredyrs,n	(If death occurred in a hospital or institution, give its NAME instead of street and number) 10sds. How long in U.S. if of foreign birth?yrsmos	
2. FILL NAME	. 0	d
(a) Residence: No.	merled	
(Usualplace of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	March 12 193 6	1
ba. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Ye	81)
(or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased	d froi
6. DATE OF BIRTH (month, day, and year) Jan .23, 1933	12 ,1934 ,10 Mars 12 ,19	
7. AGE Years Months Days If LESS than	liast saw h in alive on Maur 12 , 193 4 ; death	is sai
1 1 1 day,hrs	to have occurred on the date stated above, at 10 P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade, profession, or particular	were as follows:	fonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	than preumone 3/1	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this convertion work as at this convertion work.		
SAW MILL, BANK, etc.		
spent in this		
year) occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) State or country)	A	
Tare C. Marger		
(Stete or country)	Name of operation Date of	
	What lest confirmed diagnosis? Was there an autopsy?	
margues C. Coss	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Usultinion 2nd	Accident, suicide, or homicide? Date of injury, 19_	
00011	Where did injury occur?	
7. INFORMANT Mr. O. E. Muslely	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL		
Place Jerropo - orlugally Date May 14,934	Manner of injury	
	Nature of injury	
9. UNDERTAKER Com. C. Burrelon Sm. (Address)	24. Was disease or injury in any way related to occupation of deceased?	
	i so; specify	
D. FILED March 13th 1934 William 1. Chilcoat	(Signed) Cleaned Howell	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement IS A PERMANENT R stated EXACTLY. properly classified. FOR BINDING See instructions on hack of certificate. INK-THIS ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be UNFADING -WRITE LAINLY, WITH UNFAD mation should be carefully supplied. V. S. No. 1 B.

	OF MARYLAND	-CERTIFICATE OF DEATH	02452
1. PLACE OF DEATH		(31)	1
County Galtymore	190	Registration Dist. No.	
Village or City (CONNEY)	lle	No. 78 U.M. St., If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town whe		ds. How long in U.S. if of foreign birth?yrsr	
2. FULL NAME MON	rae n. Mil	les	
(a) Residence: No. 780/ (Val (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
hale thite	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH nasch 29 (Month) (Day)	, 193 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ama (9. Iniller	22. I HEREBY CERTIFY, That I attended the control of the control o	d deceased from
DATE OF BIRTH (month, day, end year	fril 11 1858	I last saw h son alive on March 29, 193.	√; death is sai
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 9-20 9m.	
75 11	24 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, es SPINNER,	St. Idanas	Thronic myocarditis	
SAWYER, BOOKKEEPER, etc.	Sancence		Traf
kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		Thronge interstitial	- 4
TO: Date deceased lest worked et this occupation (month and	11. Total time (years) spent in this	nefskristis	
year)	octupation	Dther Cantributary Causes of importance:	
2, BIRTHPLACE (city or town)		Massino	3/24/
(State or country)	Jonny.		
13. NAME HIGHIAM /	ngter		
14. BIRTHPLACE (city or town)		Name of operation Trong Date of	
(Stete of Country)	many,	What test confirmed diagnosis? Changes Was there are	autopsy?_ 74
15. MAIDEN NAME (MISTO)	ont	23. If death was due to external causes (VIDLENCE) fill in also the followi	ng:
15. MAIDEN NAME (State or country)	·	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	marry of	Where did injury occur? (Specify city or town, county and St	este)
7. INFORMANT AMAGE (Address) Partieved	o apples	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
8. BURIAL, CREMATIDA, OR REMOVAL OR	retery Ofin 2 04	Menner of injury Nature of injury	
9. UNDERTAKED REDUCK & CANDERS YELO 1 130 1	Asapork Jons	24. Was disease or injury in eny way related to occupation of deceased?	no
20. FILED 3 /30 , 19.34 A	B. M. Bacon Registrat.	(Signed) A. M. Bacov (Address) Paskville	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—botel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis ;	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEDTIFICATE OF DEATH

nfor- state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	92-00
occ occ	County Caltinote	Registration Dist. No. 30
5.2	/ Village or City Catanaville	No Astrono Grave Hospita D Ward
**		f death occurred in a horpital optinstitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
AN	A 0 ' 0 00'	e
D. Every YSICIANS statement	2. FULL NAME drung J. Mill	22'
> 00	(a) Residence: No. To coff (Usual place of abode)	St., Ward. If nonresident give city or town and State
F. PHY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E	3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Shale Shale Shared	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
A C assift	(or) WIFE of whenover	22. I HEREBY GERTIFY, That I attended deceased from
EX EX cl	6. DATE OF BIRTH (month, day, and year)	I last saw h landlive on 2006, 1934; death is said
Pl d]	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 43 of m.
IS A PE stated E properly certificate	78 ? ? I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
**	8. Trade, profession, or particular	Date of onset
HIS be be of	kind of work done, as SPINNER, Engineer	
nould may back	S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Certal Embolus /for
INK—I should t it may on bac		
	this occupation (month and year) - 1896 spant in this occupation 15 year	
NFADING pplied. AGH erms, so tha instructions	12. BIRTHPLACE (city or town) Pacomake Celi	Other Contributory Causes of Importance:
AD) d. s, se	(State or country)	Che Endaca Lit 1500
UNFA ipplied terms, instru	13. NAME centeron	July 20 July 2
D = 5 "	14. BIRTHPLACE (city or town) 4	Name of operation Date of
·≅ 70	(State of country)	What test confirmed diagnosis? Was there an au'opsy?
win pl	15. MAIDEN NAME CONKINGO	23. If death was due to external causes (VIOLENCE) fill in also the following:
A H B	O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
INL) be c EATI	(State or country)	Where did Injury occur? (Specify city or town, county and State)
IA I	17. INFORMANT Wilment, Mills	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
LA should OF D	(Address) 18. BURIAL, EREMATION, OR REMOVAL	
n sl	Place Date 3/2 >1936	Manner of Injury
WRITH mation sCAUSE	Juny - le le	Nature of Injury
TCH	19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
m (F)	20 810/10	If so, specify Post & Garrey M.D.
z'	20. FILED Registrar.	(Address) Catonsulla 2nd
	1 117.11	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11	Example II	Diampies.
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 41000
		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

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HEALTH DEPARTMENT—CITY OF BALTIMORE

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		ILALIII DLI AKTIVILINI	I-CITT OF BALTIMORE					
of	ould t of	CERTIFICATE OF DEATH						
ery iten	SICIANS should	1. PLACE OF DEATH CITY OF BALTIMORE: (No. 3 Malel Ave.	Avulea St., Ward) Registered No. 43 (If death occurred is a hospital or Institution give its NAME instead					
Ev	Xact e		give its NAME instea of street and number.) .mosds. How long in U. S. If of foreign birth?yrsmosd					
ORI	田田	2. FULL NAME Cours P. Mischell						
Right		(a) Residence: No. 3 classed and (Usual place of abode)	St., Ward. (If non-resident give city or town and State)					
EZ	class te.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH					
ANE	ed EXA operly certifica	3. SEX 4. Color or Racc 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) (lich, 25, 1934) 22. I HEREBY CERTIFY, That I attended deceased from					
PERM	tat pr	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Mary (Male)	I last saw htm. alive on March 24, 1934. Death is sai					
N A	be s ack	(2112 92 1271-	to have occurred on the date stated above, af					
FOR S	nould it may	7. AGE Years Months Days If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:					
VED	GE sl that uction	Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Chanic P. C. Jung 2 was					
ESER	ed. A ms, so instr	9. Industry or business in which work was done, as silk mill,	C. P. neplustes 4 yr					
DING	upplion teri	70. ate deceased last worked at this occupation (month and year)	Other contributory causes of importance:					
MARC	ully s n plai	12. BIRTHPLACE (city or town)	myocaditis 34n					
	refu iH in impor	13. NAME blente children	Name of operation					
M	BA1	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?Was there an autopsy?					
N. A.	is v	15. MAIDEN NAME Mary Weary.	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?Date of injury					
AA	USE C	16. BIRTHPLACE (city or town) Oneland (State or country)	Where did injury occur? (Specify city or town, county, and State)					
E PI	CAU	17. INFORMANT Wary cutchel	Specify whether injury occurred in industry, in home, or in public					
RIT	ate	(Address) 3 Wafel 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury					
≥	ostin	Place Shubenville alua Date Mile 27, 1924	Nature of injury					
B		19. UNDERTAKER Lilly + Liller Juc-	24. Was disease or injury in any way related to occupation of deceased					
	U _S	20. FILED 3/25 , 1934 Sq. 3/25	(Signed) Sustant 4 124 M. I.					
	>,							

R UNFADING INK—THIS IS A PERMANENT refully supplied. AGE should be stated EXACT MARGIN RESERVED FOR BINDING



THE PERSON TO PERSON AND THE PROPERTY OF THE ACTION

MARKET CALL C

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TO MENTER OF

- Constant

V. S. No. 1

1PLACE OF DEATH	STATE OF MARYLAND
County Baltimare	CERTIFICATE OF DEATH
	Registration Dist. No. 40
Village or City Bradshew (No	St.: Ward) St.: Ward) a hospital or institution, give its NAME I stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOUNTS, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH much 9th, 1984
6 DATE OF BIRTH	(Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h alive on , 192 , 1
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) vrs. mos. do
which employed or (employer) BIRTHPLACE (State or country)	Contributory Scoondary (Duration) yrs. mos. d
10 NAME OF John Morgan	(Signed) M. E.
of Father (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs description of death state yrs yrs mos description of death yrs mos yrs mos description of death yrs mos yrs yrs yrs mos yrs yrs yrs yrs yrs yrs yrs yrs yrs yr
	if not at place of death?
(Informant) Robert Parker	Former or usual residence
(Informant) Robert Parker	



Lucal Theules

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as way laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, Whooping cough; Chronic Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," approved by as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY or intercurrent) affection need Committee on Nomenclature valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Manner of injury

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

24. Was diseese or injury in eny way related to occupation of deceesed?

CAUSE MOIL 18. BURIAL, CREMATION, OR REMOVA

19. UNDERTAKER (Address)

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR FURT	THER STATEMENT	SBY	PHYSICIAN
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V. S. No. 1

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6. 1 7.

OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02457
1. PLACE OF DEATH	23
County Baltimore	Registration Dist, Np. 3 2
Village or City Mt. Wilson	No. Tuber culosis Sanatoriunst., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrs 6 mos	21 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine Napierski	
(a) Residence: No. 448 N. Luzerne Ave. (Usual place of abode)	St., Ward. Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept. 5th, 1931, to March 26th 1934
6. DATE OF BIRTH (month, day, and yeer) Oct. 14th, 1914	Hast saw her allve on March 26th, 19 34; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7 A • m.
19 5 12 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular Kind of work done, as SPINNER, School SAWYER, BDOKKEEPER, etc.	Pulmonary tuberculosis March
kind of work done, as SPINNER, SChool SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this occupation (month and	1931
10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland	Other Contributory Causes of Importance:
	None
I3. NAME Julius Napierski Unknown (State or country) Unknown	Name of operation Phrenicectomy Date of Apr. 192
Mary Peterson	What test confirmed diagnosis? X-ray, and Was there an autopsy? Not tubercle bacilli were found in space 23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Control 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT Jouis R. Kelwerholy (Address) Mt. Wilson, Maryland.	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Holy Red Campate Mas 2019 4	Manner of injury
19. UNDERTAKER Wm 7 ialstoushi (Address) 1618 lastern ave	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED Much 26, 1954 TOONYSE Registrar.	(Signed) Mt. Wilson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done; 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRIT]

D. Every item of infor-

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

02458

1. PLACE OF DEATH		1112	92:0	
County Baltimo	مع د		Registration Dist. No.	
Village or City Chunigs	millo	/	No. St.	Ward
		(If	death occurred in a hospital or institution, give its NAME instead of street and n	number)
			ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME VY (L L)	AM NE	LSON		
(a) Residence: No.	(Usual place of abod	e)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTIC	AL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
MALE COLORED	5. SINGLE, MARRIED, V OR DIVORCED (write WIDDW	e the word)	21. DATE OF DEATH March (Month) (Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of	V		22. I HEREBY CERTIFY. That I attended	
(or) WIFE of			22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	V		I last saw h alive on 19	
7. AGE Years Months	Days If	LESS than	to have occurred on the date stated above, atm.	, death is soid
15		y,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade, profession, or particular		min.	were as follows:	Date of onset
8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ARE TAKE	R	auto dilation of Heart	
9. Industry or business in which				******
work was done, es SILK MILL, SAW MILL, BANK, etc	1		Primary/cause: Chronic mitral room gits	tim.
- Line occupation (month and	11. Total time (yes	is	Duration: not stated, butter	
year)	occupation		Other Coutributory Causes of importance: Dec. 13, 1934-	
	GIMIA			
(State or country)			-	
13. NAME 14. BIRTHPLACE (city or town)				
4 14. BIRTHPLACE (city or town)			Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an a	utopsy?
I I			23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
(State of County)			Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT N. G. TAY LO R		H m-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) 3/6/ KEOW	CK Rd 13a	the Tho		
Place Lexas amon	Date 3 /14/	134	Manner of injury	
7 N 7	4		Neture of injury	
19. UNDERTAKER 7. N. MEM (Address)	KESVILLE 7	Tol	24. Was disease or injury in any way related to occupation of deceased?	
7 24	A P	1100	(Signed) I what It Starker (mond.
20. FILED - / 19 19 M. M.	Buppe	Reviewan	(Address) Randallstown n	nd. W. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows; Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· RUDGAR V.	- 10-		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02459
1. PLACE OF DEATH	
County Sollewore	Registration Dist. No. 44
Village or City See Same	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Machilda H Opces	
(a) Residence: No. Acce Some	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	M DATE OF DEATH
Ferrale White OR BY ORCED (write the word)	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Color of the Rices	22. THEREBY CERTYFY That I attended deceased from
5. DATE OF SIRTH (month, day, and year) 27 - 1868	I last saw har alive on March 5, 1934, death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2 The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, At Sawyer, BOOKKEEPER, etc.	Artenoscleroset
9, Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Cerebal Apopless
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	left New plegea
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance:
13. NAME John John	
14. BIRTHPLACE (eity or town) Single august	Nama of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quesa W Magnetin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MM Laties (Addrass)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Date Mar 61, 193 /	Nature of injury
19. UNDERTAKER John Cullrick (Address) 200 8 Particles	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/5 , 1934 John S. Cornelly	(Signer Such Falls) M. D. (Address) Med (H & Blog M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4. EVET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.	11		
Other contributory causes of importance:	<u> </u>	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I	9.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		103	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs. ____mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days to have occurred on the date stand above, at_____ The PRINCIPAL CAUSE OF DEATH and celated causes of importance 8. Trade, profession, or particular OCCUPATION RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc back 9. Industry or business in which may work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at Total time (years) this occupation (month and spent in this that occupation instructions (State or country) FATHER See ain 14. BIRTHPLACE (city or town). Name of operation. (State or codniry) efully MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: ii. Accident, sulcide, or homicide?_____ Date of injury_____ import Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, DI 17. INFORMANT plnods OF (Address) Manner of injury mation Nature of injury__ NOLL CAUS 24. Was disease or mjury in any way related to occupation of deceased? If so, specify

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii ii	. Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRIT

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 02462
County & OF	46
William as O'l	
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No. (Usual Pice of abode)	ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
SEX 4. COLOR OR RACE OR DIVORCED (write tha Word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Palleron	22. HEREBY CERTIFY, That I attended deceased from
AGE Years Months Days If LESS than 1 day,hrs.	I last saw h alive on 19 to have occurred on the date stated above, at men
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were appollows: Date of onset Date of onset
work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 2. BIRTHPLACE (city or town) (State or country) 13. NAME	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town)	Nama of operation Date of What test confirmed diagnosis? Was thera an au'opsy?
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
INFORMANT ME EL Catternal (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Placa Data Data 4, 1934	Manner of injury
UNDERTAKER CARDON CARON CARDON CARDON CARDON CARDON CARDON CARDON CARDON CARDON CARDON	24. Was disease or injury in any way ralated to occupation of deceasad?
FILED March 2nd, 1934 William & Chilcout	(Signed mory 10.1 Legran N.D. D.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1.0	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

deese State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks are

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A]	J	ľ	Î	1	١	L			I]	ŗ,	7	3			((I	;	5	187	6	1	7	Ÿ	7	I	ŀ	F])	ŀ	ľ)	Ì		ĺ,	r	ľ	Y	3)	7	3	3	3	E]		,	5	40	1	I	7	1	Į	1	ľ	ľ		C	3	F]		1	1	1	N		Ç	F]	4	ľ			1	A	1	*	ľ	1])	5	5	S	2	-			-	3	3	3	R	R	R	ŀ	I			Ç.	Ç	0	H	ŀ	J]			I	I	9	F	F	ŀ	ŀ	ŀ]]	ŀ	ŀ]]]]	1]	1	1	1	1	1	4	4	1	ľ	ľ	ľ	ľ	ľ]
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RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I. BUREAU V. St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	——————————————————————————————————————
County Balance	Registration Dist. No. 4 4
Village or City Do Do Pour	No VV
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME	
(a) Residence: No. 10 eaa dumina	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3, SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	March 4th 10034
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTAFY. That I attended deceased from
9-12 000	1934 to Do - 1934
6. DATE OF BIRTH (month, day, and year) Long tonous day 1873 7. AGE Years Months Days (FIESS than	I lyst saw harm alive on Many 1931; death is said
7. AGE Years Months Days f LESS than 1 day,hrs.	to have occurred on the date stated above, at
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Inlure ma
< 9. Industry or business in which	Clarates vaguela
work was done, as SILK MILL, SAW MILL, BANK, etc.	Chebron Salas af Co
Spant in this /	
year) occupation de-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Como o Tosando
13. NAME 14. BIRTHPLACE (city or town) Come Language 14. BIRTHPLACE (city or town) Come Language 15. NAME 16. Distribution of the company	- Emal alica Colors
14. BIRTHPLACE (city or town) Council and Council (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there an autopsy?
E TO THE STATE OF	23. If death was due to external causes (VIOL ENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT & DON LOTH & James Of how	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manager of I-line.
Placefrom Wesley Cem n. Date 3/6/3/6	Manner of injuryNature of injury
10 UNDERTAND POST TEMPS	
19. UNDERTAKER WHAT WE CAN A CONTROL OF THE CONTROL	24. Was disease or injury in any way related to occupation of deceased?
20. FILED March to 1934 John D. Chuell	(Signed) . D. Charles
20. FILED EFFORM DE 19.0 TO ANTONIO DE PAINTE DE LA PROPERTIE	Maderna LOOD T STV & Samuel Block

If more blanks are needed, address Sale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

Stated EXACTLY. PHYSICIAMS successfied. Exact statement of OCCUPA-

See instructions on back of certificate.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			11,500
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0246	6
PLACE OF DEATH	<u>(8)</u>	
County Baltimore	Registration Dist. No. 37	
Village or City Towson	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	
Elle NAME Onsell Thomas Phil	1.1-	
(a) Residence: No. 25 allesham ave	St. Ward.	
(a) Residence: No. 2 3 allegham and (Upp place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mch 17/2, 1934 (Month) (Day) (Ye	L ear)
married, widowed or divorced & Tarkert or) WIFE of Grove & Tarkert	22. I HEREBY CERTIFY, That I attended decease	2 .
TE OF BIRTH (month, day, and year)	I last saw h (22 alive on Mclu 16 to 1934; death	is sald
E Years Months Days If LESS than I dayhrs.	to have occurred on the date stated above, et 73 am.	
07 P) 125 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	lonset
8. Trade, profession, or particular kind of work done, as SPINNER, basnites SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, for Self.	Cerebral Pareses, 19	2.2
O Date deceased last worked at this occupation (month and 3 year) 11. Total time (yeers) spent in this occupation 3.0		
RTHPLACE (city or town). Towson	Dther Contributory Causes of importance:	
(State or country) AAd	Illians Kyphiles. 19	22
3. NAME James Phipps	<i>f</i> //	
4. BIRTHPLACE (city or town) 6 mgland.	Name of operation Date of	
(State or country)	What test confirmed diagnosis V. askerwass. Was there an eutopsy?	na
5. MAIDEN NAME You of Light	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:	
6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
FORMANT Mis assette Phipps	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
JRIAL, CREMATION, DR BEMOVAL	Manner of injury	
Place Prospect Hillpate March 19,193 4	Nature of injury	
NDERTAKER John Busus Sone	24. Was disease or injury in eny way related to occupation of deceased?	
LED Harele 18, 1934 Var P. Butter	(Signed) Daniel of Ll Mrs. Eurfer	M. D.
De Registrar.	(Address) 1 troon Ma.	

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Ben over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Petionitis	3 days ago
	1.8	NPK ~	
		8 200	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ARGIN	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Balto item of County / Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos. statement (a) Residence: No. (Usual place of abode) Il nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL (Day) (Year) classified 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of M certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months If LESS than Days The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.... OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ back may 10 Date deceased last worked at 11. Total time (years) spent in this this occupation (month and so that instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) plain terms. FATHER 13. NAME Name of operation (State or country) fully What test confirmed diagnosis?_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town Accident, suicide, or homicide? DEAT (State or country Where did injury occur?__. (Specify city or town, county and State) plnods Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE OF (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury CAUSE mation LION Nature of injury 19. UNDERTAKER (Address) If so, specify (Address)

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Mar Sell St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

V. S. No. 1

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	1	na	CA	TION is very important. See instructions on back of certificate.	
	1	M	-		
	m				
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERM	mation should be carefully supplied. AGE should be stated EX	CAUSE OF DEATH in plain terms, so that it may be properly cl	1	

3. PLACE OF DEATH	CERTIFICATE OF DEATH
County Cuttures	7-
7	Registration Dist. No.
Village or City Della	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	s. 2 6 ds. How long In U.S. if of foreign birth?
2. FULL NAME Charles tallock	
(a) Residence: No. Qella QUE.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ON
OR DIVORCED (with the word)	11/20.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fro
01-1	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) el 9, 1933	I lest saw h; death is se
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8- Trade, profession, or particular	Date of onse
kind of work done, es SPINNER, Nouse, SAWYER, BOOKKEEPER, etc.	Bronsha Parellymone Unte
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	WYAC.
	Cause: unknown. Caroner's case, no farther
Spent in this	information. Cever B. Oct. 24, 1934.
	Other Coatributary Causes of Importance:
12. BIRTHPLACE (city or town) / Saltueses	OK Hadres orono
(State or country) Mary Land.	
13. NAME John W. Pallock	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Staje or country)	What test confirmed diagnosis? Was there an autopsy? 🔑 🗘
15. MAIDEN NAME) ary Williams 16. BIRTHPLACE (city or fown)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or fown)	Accident, suicide, or homicide? Date of injury, 19
E (State or county) della laura	Where did injury occur?
17. INFORMANT JOKU W. Pollock	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) & Olsouth Cit. md.	Specify Mississi mighty occurred in Mississi in Home, of the Public Place.
18. BURIAL, CREMATION, OR REMOVAL COMMISSION IN STREET	Manner of Injury
Place M. Teltoq 4. Date Man 9,193	Neture of Injury
7 . 120	
19. UNDERTAKER (Salow Down) (Addiess) Elle & W	24. Was disease or injury in any way related to occupation of deceased?
31- 201	If so, specify
20. FILED 19 Registrar.	(Signed) Markard 13 Wast M. I
	(Address)

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	le I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	2 2 1024	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EAU V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of in	nportance:	1.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02469
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 3
Village or City Towcom	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Missouri allan P	ice
(a) Residence: No. 621 york Road Town (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 (Month) (Dat) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of George St. Price	22. I HEREBY CERTIFY. Thet I attended deceased from mache 20, 1934, to 20, 27, 1934
6. DATE OF BIRTH (month, day, and year)	I last saw here allve on mels 27 4 ,19 3 4, death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at . 2.3.2 m.
67 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
Trade, profession, or perticular kind of work done, es SPINNER, House Wife SAWYER, BOOKKEEPER, etc	Ucute Trummy Luckareso 3/211
Mork wes done, as SILK MILL, SAW MILL, BANK, etc.	434
10. Date deceased last worked et this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Baltimore County (State or country) M. d.	Other Contributory Causes of Importance: Infected throst Lachores
13, NAME Bahariah alban	1 1/26/3 _{1/2}
14. BIRTHPLACE (city or town) Baltimore 60	Neme of operation 72072 Date of
(State or country) M. O.	What test confirmed diagnosis? I was further an eutopsy?
15. MAIDEN NAME Martha E. Howble	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Baltimore & 0 (State or country)	Accident, suicide, or homicide?
17. INFORMANT & longe ou. Price of Course	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Forestone Den Date Morch 29, 1934	Manner of injury
19. UNDERTAKER John Burns Sons (Address) Toward Md	24. Was disease or injury In any way related to occupation of deceased? 200
20. FILED Start 28, 1974 Am Bully Registrar.	(Signed) Augel well more my M. D. (Address) Andrew M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

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02470

1. PLACE OF DEATH			(131)	
County Baltimore			Registration Dist. No. 3	2
			No. 4 Church Lane S death occurred in a hospital or institution, give its NAME instead of street	t.,Ward
Length of residence in city or town wi	ere deeth occurred	yrs,mos	ds. How long in U.S. if of foreign blrth?yrs	ds.
2. FULL NAME Wary Ell		kaarilla		
(a) Residence: No. 4 Churc	(Usual place	ce of abode)	St., Ward. If nonresident give city or tow	vn and State
PERSONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE White	s. single, Ma or divorc	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH March 7 (Month) (Dey)	, 193_4 (Yeer)
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Harry Clay	Purcell		22. I HEREBY CERTIFY. Thet latter November 3 1930 to March 7	
6. DATE OF BIRTH (month, dey, and year)	Sept. 29.	1905		34 : death is said
7. AGE / Years Month		If LESS then	to heve occurred on the date stated above, at 5 . 20 Am.	,
28 5	6	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	1
Z 8. Trade, profession, or particular			Aguter Cardiac Dilitation	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Housew	rife		
Mork was done, as SILK MILL, SAW MILL, BANK, etc				
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month end year) - Fe December 19	11. Totel sp	time (years) ent in this cupation		
12. BIRTHPLACE (city or town) (Stete or country) Maryla	nd		Other Contributory Causes of importence: Chronic Myocarditis and Chronic	
13. NAME Charles E. Ms			Interstitial Nephritis	No.v. 3
14. BIRTHPLACE (city or town)	troit		Name of operation None Dat	1
(Stete of country)	chigan		Whet test confirmed diegnosis? Clinical Was the	re an autopsy? No
15. MAIDEN NAME Mary Marc	ois		23. If death was due to externel causes (VIOL ENCE) fill in elso the fo	llowing:
15. MAIDEN NAME Mary March 16. BIRTHPLACE (city or town) (State or country) Mich	nigan		Accident, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT Harry Clay Pu (Address) Pikes ville,			(Specify city or town, county a Specify whether injury occurred In INDUSTRY, In HOME, or In PUBL	nd State) .IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Druig Pedge	1.	en 9, 1934	Manner of injury	
19. UNDERTAKER Frank H. New (Address) 1100 Reister	vell rstown Rd.,	, Pikesville	24. Was disease or Injury In any way related to occupation of decease	ed? No
20. FILE Mich 8 , 1934	moon	Registrar.	(Signed) 66, Mchals (Address) Pikasvilla, Md.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	ĺž		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Tool A day	1 week ago
·Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CISTILL	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

TARGIN RESERVED

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 112471

Date of onset

Date of injury______ 19____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ETCFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1984	July 5,1927	Peritonitis	3 days ago
	RHINEAGIV. S.	1		
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	112416
County Ballimare	Registration Dist. No.
Village Dr City Paskville (If	ND. Oakley RA St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrsmos	
2. FULL NAME Slonald Frankl	in Ray
(a) Residence: No. Qakkley (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Single, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 22, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Jhat I attended deceased from
741 0	March 21, 19 34, to March 22, 19 34
6. DATE OF BIRTH (month, day, and year) March 21, 1934	I last saw h was alive on March 21, 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6.5.3 A.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work dona, as SPINNER,	
SAWYER, BDOKKEEPER, atc.	Intracranial hemorrhage time
work was done, as SILK MILL, SAW MILL, BANK, etc	C. 10
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	uspuytia neonatoriene
12. BIRTHPLACE (city or town) Parkenille	Dither Contributory Causes of Importance:
(State or country) Md.	child + difficult Calm.
13. NAME Orobert Ray 14. BIRTHPLACE (city or town) Balliquese	Name of a seal flow
(State or country)	Name of operation
15. MAIDEN NAME Grelyn M. alban	What test confirmed diagnosis?
15. MAIDEN NAME Grelyn M. alban 16. BIRTHPLACE (city or town) Freeland (Stata or country) M. d.	Accident, suicida, or homicide?
17. INFORMANT Proble Ray (Address) Farken Als	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wans Ins Om Date March 23, 19 34	Manner of Injury
19. UNDERTAKER 1. J. Kuck Harford Pd	24. Was diseasa or Injury In any way related to occupation of deceased? 240
20. FILED 3/22, 1934 as W. Bacon Registrar.	(Signad) P. M. Dacon M. D. (Addrass) Lankville, Isld.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

may that terms. plain H

RESERVED

OCCUPAplnods Exact JO back no instructions See important. DEATH OF CAUSE

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred vrs mos. ds. How long in U.S. if of foreign birth? 2 7 yrs. mos. ds. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 5a. If married, widowed, or divorcad HUSBAND of 22. I HEREBY CERTIFY, That attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. were as follows: Date of onset 8. Trade, profession, or particular CCUPATION kind of work dona, as SPINNER, C SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation ./-Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) ... (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Nama of operation_____ (Stata or country) What test confirmed diagnosis?_____ Was there an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury______ 19____ 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE, (Address) 18. BURIAL, CREMATION, DR REMOVAL Manner of Injury enuley Date Sas Mar ! Nature of Injury___ 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify 20. FILED ... Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes Date of ons of importance were as follows:		The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		1 2 3		
Other contributory causes of importance:		Other contributory causes of emportance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		170		

2

ORD. Every item of PHYSICIANS should Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

	Comm.	
 	 755	

CERTIFICAT	TE OF DEATH (942)
1 DI ACEI OEI DELATIV	Registered No.
CITY OF BALTIMORE: (No. 8 W. Buck	(If death occurred in a hospital or institution, give its NAME instead
Length of residence in city of town where death occurredxrs	of street and number.) .mosds., How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Catherine Rei	nheimer
(a) Residence: No. 8 W. Such (Usual place of abode)	Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. Six 4. Color or Race 5. Single, Married, Widowed, or Divided (Frite the wind)	21. DATE OF DEATH (month, day, year) March 17, 134
Memely White fragmes	22. I HEREBY CERTIFY, That I nttended deceased from
5a. If married, widowed, or divorced HUSBARD of Corp. WIFE of Corp. Rembers	Feb. 17, 1934, to March 17, 1934 Liast saw hat alive on March 17, 1934 Death is said
6. DATE OF BIRTH (month, day, year) Mail- 1854	to have occurred on the date stated above, at//
7. AGE Years Months Days If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows: Date of onsot
g. 8. Trade, profession, or particular	Coronary / hrombosis
kind of work done, as spinner, sawyer, bookkeeper, etc	
work was done, as silk mill, saw mill, bank, ctc.	
10Date deceased last worked at this occupation (month and spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) 3 all (State or country)	Allewillian
13. NAME Oslan Omiller	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME don't brus	lowing: Accident, suicide, or homicide?Date of injury, 19
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and State)
all the But	Specify whether lnjury occurred in industry, in home, or in public
17. INFORMANT CARD AND CARD	place
18. BURIAL, CREMATION OOR REMOVAL	Manner of injury
Place Data Janga Date 3 19.3	Nature of injury
19. UNDERTAKER QQ Procar	24. Was disease or injury in any way related to occupation of deceased?
(Address) 9600 6. Belle 15.	(Signed Hard HOTELS as us 2)

Registrar.

Loss

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person what no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	d Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	N	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year 1
		WASHINGTON TO THE RESERVE OF THE RES	

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. MARGIN RESERVED PLAINLY, WIT

-WR

V. S. No. 1 E. Z

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

STATE OF MARTEAND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(131)			
County (Sallmill	Registration Dist. No.			
Village or City Jex as	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
	ds. How long in U.S. if of foreign birth?			
1 0 0.00	and the same of th			
2. FULL NAME W. C. PELLINO				
(a) Residence: No. (Usudi place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
male white married	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
E DATE OF BIRTH (month day and year) Washed, 16, 1866	March 19. 1934, to Mach 3 D, 1934			
6. DATE OF BIRTH (month, day, and year)	0			
7. AGE Years Months Dat If LESS than 1 day,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
67 8 Lt ormin.	were as follows: Date of onset			
Trade, profession, or particular kind of work dona, as SPINNER,	3017			
SAWYER, BOOKKEEPER, etc	Ossil Santa			
work was done, as SILK MILL, SAW MILL, BANK, etc.	CO : + 1. F. C. I. C.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. It Date deceased last worked at this occupation (month and spent in this	Chronic interstitial neglities curgo			
yaar) occupation	Other Contributory Causes of Importance:			
12. BIRTIIPLACE (city or town) (State or country)	Other Continuory Causes of Importants.			
II 13. NAME				
Ŧ.	Name of operation Date of Date of			
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?			
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill In also the following:			
H	Accidant, suicide, or homicide?Date of Injury, 19			
O 16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?			
17. INFORMANT Colour House Record	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury MATA			
Place acto bo. almofford Date march 30- 1934	Nature of Injury			
19. UNDERTAKER William la Brooks & Son	24. Was diseasa or injury in any way related to occupation of deceased?			
(Address) Sparks mg.	If so, specify			
20. FILED Mar ch 30, 1934 Milliam J. Chillen	(Signed) D. J. Sursu M. D. (Address) Crelaysuck Med			
If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S	3		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

RECORD

FOR BINDING

MARGIN RESERVED

S. No. 1

PHYS1-County should be stated EXACTLY.
It may be properly classified
s on back of certificate. **2FULL NAME** PERSONAL AND STATIS 3 SEX 4 COLOR OR RA 6 DATE OF BIRTH instructions (Mon 7 AGE Should be carefully supplied should be carefully supplied should be CATH in plain terms of DEATH in plaint. See Inst a OCCUPATION

(a) Trade, profession or particular kind of work... (b) General nature of industry Every Item of Information should be carefull CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION Is very Important. business, or establishment in which employed or (employer) ... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (1) OF FATHER PARENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country (Informant) 15 m

If more banks a

PLACE, OF DEATH

e	CERTIFICATE OF DEATH
	Registration Dist. No.
nie M. Leyn	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED OR DIVORCED (Write the word) (th) (Day) (Year)	16 DATE OF DEATH March. 24, 1934 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from March. 1234, to Mar. 24, 1234, that I last saw here alive on May. 23, 1924.
th) (Day) (Year) If LESS than I dayhrs. ormin.?	and that death occured on the date stated above, at 11,30 A m. The CAUSE OF DEATH was as follows: Chun Suturishtial Nephritis
uslavist	***************************************
	Contributory Mac yrs mos ds. Contributory Secondary (Duration) yrs mos 20 ds.
rom	(Signed) M. D. Man. 24 1984 (Address) 5600 York TRU
Buonn	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
Ruown EST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Biospitals, Institutions, Transients or Recent Residents) At place In the of death. yrsmosds. State. yrsmosds. Where was disease contracted, if not at place of death? Former or usual residence
low file Howson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Very Mar 27. 1934.
7 July Gullis Registra	William Coop 1217 St Paul
re needed, addross State Registrar	, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., Spinner, (b) Collon mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of filness of various pursuits can be known. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only anot paid Housekeepers who receive a tahorer, Farm lahorer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, the first line will be sufficient, e.g., Farmer or Plonter, contion is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. report specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Doy Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomotive engineer, The ques-

Typhoid fever 'never report "Typhoid Pneumonia"); spinal menin fitis"; Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-(the only definite synonym is "Epidemic cerebropneumonia. Bronchopneumonia ("Pneumonia,

> stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL peritoritis, "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suncide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by causing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ or intercurrent) affection need not be approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory valvular heart Measles; disease;

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is I oked over thoroughly and all qu tions

permanently filed.

PHYSICIANS should state

ORD. Every item of infor-

ain See	14. BIRTHPLACE (city or town)	What test confirmed diagnosis?
carefully TH in pla portant.	15. MAIDEN NAME Elizateth Com Broley 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in Accident, suicide, or homicide? Dat Where did Injury occur?
se of de	17. INFORMANT Mass Jensey Ruchardson (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Clymans Date april 7, 1934	Specify city or to Specify whether injury occurred in INDUSTRY, in HOME Manner of injury
mation CAUS TION	19. UNDERTAKER Wm C. Broke + 3. (Address) Spark million & bilgoot 20. FILED March 3/, 1934 William & bhilgoot	24. Was disease or injury in any way related to occupation of the second
0	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

A. PLACE OF DEATH	(30)
County Baltimore	Registration Dist. No.
Village or City Pluemy	No. St., Ward [f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME ORULECCO OBUSLEY	Otrchardson
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
of the married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from December 2219 32 to March 31, 1934
S DATE OF BIRTH (month, day, and year) M DV 13 1849	I last saw her alive on Mccuch 30, 1934; death is said
6. DATE OF BIRTH (month, day, and year) \\ \(\) \\ \\ \ \ \ \ \ \ \ \ \ \ \ \	to have occurred on the date stated above, at 7 30 m.
84 4 18 1day,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artirio S clerosis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recuration (month and spant in this	I mles what nephritis 1 mgs
Date deceased last worked at this occupation (month and spant in this occupation (month and spant)	V
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importance:
II 13. NAME William Rychardson	
13. NAME ALLIEM ON CHARACTER 14. BIRTHPLACE (city or town) Mac (State or country)	Name of operation Date of What lest confirmed diagnosis? Was there an au'opsy?
IS. MAIDEN NAME Elizabeth Carry Broke	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eligable Com Bale 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
S (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Jenny Ruchards	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Chymatica Date Capul V , 1934	Manner of injury Nature of injury
19. UNDERTAKER Won C. Brook & Sm	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sparke mid	If so, specify
20. FILED March 3/, 1934 William & Chilgord	(Signed) (30) Service M. D

D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	P. D. Salarina D. D. Salarina D. D. Salarina	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1934	July 5,1927	Peritonitis	3 days ago
	DUDEAL V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATI	EMENTS BY PHYSICIAL
------------------------------------	---------------------

N. B.

HEALTH DEPARTMENT—CITY OF BALTIMORE

02478

Beltimore County CERTIFICAT	TE OF DEATH (23)
1. PLACE OF DEATH	Registered No
CITY OF BALTIMORE: (No. Fungeson ar	
Longth of residence in city or town where doath occurred,yrs	mosds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME leatherine Rom	mel
(a) Residence: No. Junguan ave les (Usual paco of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year) / 1934 22. I MEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Genge Wm Rommel	I last saw h
6. DATE OF BIRTH (month, day, year) Upril 24-1841	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than 1 day,hrs.	The principal cause of death and related causes of importance were as follows:
49 ormin.	Fulmona Vuberculus
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Courty rely become the
9. Industry or business in which work was done, as silk mill,	
saw mill, bank, etc. 10. Date decensed last worked at this occupation (month and spent in this occupation cocupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME le hristopher Ward	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Stenlicky	23. If death was due to external causes (violence) fill in also the following:
15. MAIDEN NAME Emma Messer	Accidoat, sulcido, or homicide?Date of injury
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public
17. INFORMANT George Wm Roymel	place
(Address) Jungeron Une learney	Mannor of injury
18. BURIAL, CREMATION OR REMOVAL Place Milimore Compare Mar 10 193.	Nature of injury
19. UNDERTAKER Light Grants	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/10, 1934 Da Fritz ME	(Signed) Kurl Lishes M. D.
20. FIDED, 190 J. J. Downston	(Address) 1823 12 has no 18

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1921 Run over by street car 1 week ago Chronic interstitial nephritis 3 days ago July 5, 1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis 1 year Gallstones

M. D. B. 1268-9		

PHYSICIANS should state N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be catefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. IARGIN RESERVED FOR BINDING

V. S. No. 1

	STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	79
1. PLACE	OF DEATH	1		128	
	Buttemore	·		Registration Dist. No. 30	
/ Village o	or City Catousve	lle, me	1.	NoSt.,	War
Length of	residence in city or town when	e death occurred	(ii	If death occurred in a horpital or institution, give its NAME instead of street and nur sds. How long in U.S. if of foreign birth?yrsmos.	nber)
	William S. C. and C.	2 .	Every.	,	
		rese as		sustle) award.	
· · · · · ·		(Usual place	of abode)	If nonresident give city or town and St	nte
	DNAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 7	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 25 (Month) (Day)	93 (Year)
	dowed, or divorced of Paul Raurence	Dumbar	Row	22. I HEREBY CERTIFY, That I attended det	eased from
DATE OF BIRT	TH (month, day, and year)	wr. 27,1	1910.	I last saw h. L.V. alive on March 24, 19 34;	Jeath is sai
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated ebove, at 9:40 19 m.	
1	23 3	24	1 day,hrs.	were as follows:	Date of onset
8 Trede, pr kind o SAWY	ofession, or particular of work done, as SPINNER, YER, BOOKKEEPER, etc	at Jy	lone	fulmonary Jubesculous	1921
work	or business in which was done, as SILK MILL, MILL, BANK, etc	••••			
this o	eased last worked et ccupation (month end	sper	me (years) ntin this pation		
2. BIRTHPLACE	(city or town)			Other Contributory Causes of importance:	
(State or o	country) mar	y land	<u> </u>	_	
13. NAME	James B	Johnson			
14. BIRTHPLA	ACE (city or town)			Name of operation Date of	
(State		ary land	,	What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN	NAME Julia	price		23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPL/	ACE (city or town)			Accident, suicide, or homicide? Date of injury	_, 19
7. INFORMANT _ (Address)	Julia Joh	man)	tousville	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
8. BURIAL, CREM	ATION, OR REMOVAL			Manner of injury	
Place_LL	Medern Star	Date Man	1.28,1934	Nature of injury	
9. UNDERTAKER (Address)	J.C. Kigunt	thou of		24. Was disease or injury In eny way related to occupation of deceased?	10
20, FILED	13 × X	Color	Registrar.	(Signed) 79 winters	M. E
/	If mor	e blanks are meeded a	deress State Registrar.	2411 N. Charles Street, Baltimore. Requesting V. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	92-2
County Daltemore	Registration Dist. No. 30
Village or City Coatonselle	No ophere Gove Hospital Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a horpital or institution, give its NAME indead of street and number) mos
2. FULL NAME Stella Rose	
(a) Residence; No. 2087. Gloven (Usual place of abode)	St., Ward. Bellings. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Corporation 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced Anthony Rose	21. DATE OF DEATH
HUSBAND of (or) WIFE of	22. Left /3 1933 to Weh / 7 1934
6. DATE OF BIRTH (month, day, and year) Copy 30 4 1905	i jast saw h. ev. alive on Mca 27 , 1934; death is said
7. AGE Years Months Days If LESS tha	The state of the s
24 /0 /7 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession or particular kind of work done, as SPINNER, Housework. SAWYER, BOOKKEEPER, etc.	
Industry or business in which	mitted on sufficient 22
work was done, as SILK MILL, at theme	metral onsufficiency 2000
10. Oate deceased last worked at this occupation (month and year) - 1. 7. 3. 2	
2. BIRTHPLACE (city or town) Dalturo de	Other Contributory Causes of Importance:
(State or country)	New tip
13. NAME Spanislaus Wienchowsk	a comment of the contraction of mos
13. NAME Spaneslaus Wierchowsk	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lekla Mierunska 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Ablance	Where did injury occur? (Specify city or town, county and State)
(Address) 208 H. Glover Dt	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place It Stanis Caris George March 24, 193	Nature of injury
19. UNDERTAKER J. Carnelly (Address)	24. Was disease or injury in any way related to occupation of deceased? Ho
20. FILEO. 3 / 20 19-74 Al Soudre	a (Signed) Poll Garett M.D.
Regispar. If more blanks are period ladders Sent Rocks	ear, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstical nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 7861 07 31	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

(Year)

Data of onset

BINDING

RESERVED

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Chronic interstitial nephritis Alexander	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors are of in-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	59)
County Sells	Registration Dist. No. 42
Village or City Halethorpo	ND. St., War (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME armelia Soh	
(a) Residence: No. 1921 Park Que	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Curie the word	
Trual While Midae	(Month) (Day) (Year)
a. If married, widowed, or divorced	
(or) WIFE of Nauk Ocheruls	22. Jeh 19 134 to march 19 134
5. DATE OF BIRTH (month, day, and year) Marks 13 185	I last saw h. On alive on March 19 19 34 death is si
7. AGE Years Months Days If LESS tha	- a e
76 4 7 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular	Data of ons
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Sousseuf	Crobial hommonlage
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and	Opoplane los. 3.
SAW MILL, BANK, etc	
10-Date deceased last worked at this occupation (month and year)	
12,	Other Coutributory Couses of importance:
(State or country)	(V) = 0.77
13. NAME / Luch segren	- Mulcley 7
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Lemand.	What test confirmed diagnosis? Stellisary, Was there an au'opsy?
15. MAIDEN NAME / Subsurer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) pollomanif	Where did injury occur?
17. INFORMANT DISTRA C. DIESTO II	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Red of all for letterse	
18. BURIAL, CREMATION, OK BEMOVAL TO SEE THE PROPERTY OF THE P	Manner of Injury
Place M. S. Mul Deject All. 26 , 193	F- Nature of injury.
19. UNDERTAKER WILLIAM GOOF	24. Was disease or injury in any way related 1) occupation of deceased? 20
(Address) 1217 Dt Paul	If so, specify
20. FILED March 19, 1934 Les Sukeef	(Signed) M.
Registrar	(Address) Stalettony hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECEIVED	July 5,1927	Peritonitis	3 days ago
.55 0 183			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CTATE	O ==	MADVE	AND CEDTICICATE	OF DEATH
SIAIL	OF	MARYL	AND-CERTIFICATE	OF DEATH

02483

	1. PLACE OF DEATH	(8)	96.
	County Galtmorore	Registration Dist. No. 43	2-1
	Village or City Raspelving	No Greenwood are vanters	Ward
	Length of residence in city or town where death occurred by yes	death occurred in a horpital or institution, give its NAME instead of street and n	
	2. FULL NAME Paretta C. Schott		1970
	(a) Residence: No Greenwood ave + Os	Ward.	
1	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and a	State
1	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
V	Famale White OR DIVORCED (write the word)	Month (Day)	193.4
	5a. If married, widowed, or divorced		(1001)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of house 18 1934, to Med 21	leceased from
.	6. DATE OF BIRTH (month, day, and year) we 23 1924	I last saw hamalive on march 20, 19 54	
Ca	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
L	9 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
2	8. Trade, profession, or particular kind of work done, as SPINNER,	0 1 1 I	7
0	SAWYER, BOOKKEEPER, etc.	secules 100	may 60
on pack	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this operation (month and		
	1 - 1 Spontin this		
instructions	year) occupation occupation	Other Coutributory Causes of Importance:	
ncc	(State or country)	to the tree of the	1.1.1.01
SIL		all the thousand	men 100
	E CROTE	Name of operation Date of	
See	(State or country)	What test confirmed diagnosis? Server Sugar flytas there an a	ulopsy?
11.	15. MAIDEN NAME Carmyaft. Kahl	23. If death was due to external causes (VIOL ENCE) fill in also the following	
TO SERVICE	6 16, BIRTHPLACE (city or town) Balto, Co;	Accident, suicide, or homicide?	, 19
upo	(State or couptry) Maryland	Where did injury occur? (Specify city or town, county and State	
DI A	17. INFORMANT Charles J. Schots	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
er	(Address) Raskellang. Ind.		
SI	18. BURIAL, CREMATION OR REMARKAL STATES AND Ch 23 1934	Manner of injury	
Z	La Company of the Com	Nature of injury	
	19. UNDERTAKER FILL COURCE Salachent Form	24. Was disease or injury in any way related to occupation of deceased?	<u></u>
	(Address) 140 (3elan Mood	If so, specify (Signed)	M C
)	20. FILED 3/22, 19.39 Segistrar.	(Address) Lla/ Develor	len
		2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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BUREAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
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DEATH

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LION

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statement

Exact

3. SEX

7. AGE

OCCUPATION

HUSBAND of

(or) WIFE of

14. BIRTHPLACE (city or town) (State or country)

(State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

17. INFORMANT ... (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

24. Was disease or injury In any If so, specify

Where did injury occur? __

Manner of injury

Nature of injury.

(Address)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,

(Specify city or town, county and State)

Stole Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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20 Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AINLY, WITH -WRITE

V. S. No. 1 N. B.—V

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Daltyman	Registration Dist. No.
Village or City Tharrow Point	No. 5-23 Est., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	s. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. 323 E (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Williams	21. DATE OF DEATH March 27, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A Cham & Jimmens	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Left 28 1867	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
06 ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BODKKEPER, etc.	Chamas (Ind a-Castilis
	Www. Just Cu Cys 12/13
9. Industry or business in which work was done, as SILK MILL, at Land	Streptococeus
- () Spent in this	Infection
year) occupation	Other Complibutory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Let 13. NAME Tharles & Gallager	Meral Septicaema
T	
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Quite of Whet test confirmed diagnosis? Chem. (Maly as there an aulopsy? New York and the confirmed diagnosis? The confirmed diagnosis? The confirmed diagnosis? The confirmed diagnosis?
15. MAIOEN NAME Marry Kelley 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
- (State of country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mary Commons (Address) 523 de st	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Baldwin Cometry Date Mar 31, 1934	Manner of Injury
Hellin Pa	Nature of injury
19. UNDERTAKER JUFIN T Danny (Address) 915 Zi lat 54	24. Was disease or injury in any way related to occupation of deceased?
20. FILED WAY 28, 1934 LA CHOCK PROGESTION	(Address) Sparins Point
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	B. San	- Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related cau of importance were as follows:	ses Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

infor-	state	UPA-	
BWRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
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B.—W.	mat	CA	TIC

STATE OF MARYLAND	CERTIFICATE OF DEATH 79 62487
1. PLACE OF DEATH	
County Balto.	Registration Dist. No.
Village or City Fuller ton	No. Putty Hill , Victory flows Ward
C (If	death occurred in a hospital or institution, give its NAME instead of street and number)
$\sqrt{7}$	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Vacob Louis Sun	7n = = - T
(a) Residence: No. Lutty Itill & Victory Clure (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man 18 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND OF Selena B. Smith	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,to ,19
6. DATE OF BIRTH (month, day, and year) aferil 17 18 56	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 8
77 11 11 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Oliv, Interstyled Replicates,
Hondustry or business in which work wes done, as SILK MILL Rown Cork - Seal G.	- Livers - Aller - Aller
11. Total time (years) this occupation (month and 1929 spant in this occupation (occupation 16	
Balt	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Wilsostato Van
13. NAME John Smith	The state of the s
14. BIRTHPLACE (city or town) (State or country) Malto	Name of operation
15. MAIDEN NAME Mania Trong	Whet test confirmed diegnosis? Was there an au opsy? Was there an au opsy?
<u> </u>	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
2 16. BIRTHPLACE (city or town) (State or country) Pa	Where dld injury occur?
17. INFORMANT Louis W. Swith (Address) Pully Will & Vactory aves	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OB REMOVAL	Manner of Injury
Place Wasturiaster Wd Date Man 21-1934	Nature of injury
19. UNDERTAKER Www Cook (Address) 1217 St Faul St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 1 19, 193 4 D. A. Frish MXI Registrar.	(Signed) SIQ 3 Howard Au
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEMEN	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 3 1984	July 5,1927	Peritonitis	3 days ago
	75385 5			
Other contributory ca			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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ż		1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	120
1. PLACE OF DEATH		1200
County Hallingre	Registration Dist. No.	
Village or City Woodlacon	No. Kelox Road St.,	Ward
Length of residence in tity or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and i	
2. FULL NAME / Colertilydrew Si	uth	
(a) Residence: No. Relox Road (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 1. COLOR OR RACE 1. 1. COLOR O	21. DATE OF DEATH Way. 27 (Month) (Day)	, 193
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wary are Smith	22. I HEREBY CERTIFY, That I attended March 11 1934 to March 2	deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 29, 1849	I last saw h Lin alive on March 25 1934	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.20 m.	3
84 1/2 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I no a company
Trade, profession, or particular kind of work done, as SPINNER, to reusant	artinoschrotic	Date of onset
SAWYER, BDOKKEEPER, etc.	Maplintes	?
9 Industry or business in which work was done, as SILK MILL, Datte Dry Dock SAW MILL, BANK, etc.	0	
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1907) year) 11. Total time dyears) spant in this occupation (month and 1907)		
12, BIRTHPLACE (city or town).	Dither Cantributary Causes of importance:	7
(State or country)	Cahrical lymphademitis	724271
14. BIRTHPLACE (city or town)	Purpura 1	7420
14. BIRTHPLACE (city or town)	Name of operation. Date of	
(State of country)	What test confirmed diegnosis? Was there an a	u'opsy?_Led
# 15. MAIDEN NAME Cukyokun	23. If death was due to external ceuses (VIDLENCE) fill in also the following	:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	9
State or country)	Where did injury occur? (Specify city or town, county and Stat	(e)
17. INFORMANT M. W. Chicago Tel	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CLEMATION, DR REMOVAL AND 29,1934	Manner of injury	
19. UNDERTAKER OF ACTIONS (Address)	24. Wes disease or injury In any way related to occupation of deceased?	no
20. FILED /28 / By M. Duppert Registrar.	(Signed) Corract acta 4 (Address) 3401 Jamison Bl	M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street Relimore Pennesting 71 S. No	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes—of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	5. (
Other contributory causes of importance:	**********	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN	
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PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT INCORD. Every item of inforstated EXACTLY. PHYSICIANS should state nronerly classified. Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. LARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(12430)
County / Dallo	Registration Dist. No. 3
Village or City Parkwells	No. 13 07 Old Harfard St., Ward
(If Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Sadie Smith	
(a) Residence: No. 13070ld Harford (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jamak White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrije the word)	21. DATE OF DEATH May. 15 , 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wife of Warp Smith	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept 30 1876	19
6. DATE OF BIRTH (month, day, end year) September 30 1816 7. AGE Years Months Deys If LESS than	I last saw h alive on
57 5 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEEPER at SAWYER ROOKKEEPER R	Carcino una of the
F. San J. L. San J.	Stomach 1
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Irradaricks berg Da. (State or country)	Other Coutributory Causes of Importance:
13. NAME Cornelius Vanduseu	
13. NAME Cornelius Vandukru 14. BIRTHPLACE (city or town) Natur yark. (State or country)	Name of operation Cancers of Stones thouse of July 1/33
15. MAIDEN NAME Tabriella Smith	What test confirmed diagnosis?
15. MAIDEN NAME Sabziella Smith 16. BIRTHPLACE (city or town) Italesick shely (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT JOSE MILES (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. Dete 3/17 19.34	Manner of Injury
19. UNDERTAKER Sertam Varfa (Address) 33 Charles.	24. Was diseese or Injury in any wey related to occupation of deceased? 2000.
20. FILED 3/15 , 1934 Q. M. Bosonia.	(Signed) Samuel A Va Dry and Mato.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B WAR ST WILL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Operated on the fully boline Statements by Physician
for Cancel by All Herd
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Jamely hysicean dix Herbert & lake
tand Nylr Golley.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Valtimore, Requesting V. S. No. 1.

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(131)	
Registration Dist. No.	
No. St., Ward eath occurred in a horpital or shstitution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
Sharles.	
St. Ward.	
If nonresident give city or town and State	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day) (Year)	
22. I HEREBY CERTIFY, That I attended deceased from Mclv. 3D, 1934, to Mole. 3D, 1934 I last saw h. distincte Suddenly, 19 ; death is said	
to have occurred on the date stated above, atm 10.450 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onget	
(Convelsions)	
······································	
Other Contributory Causes of importance: Acfiliates Pulsum	4
Name of operation	
Whet test confirmed diagnosis? Was there an autopsy?	
23. If death was due to external causas (VtOLENCE) fill in also the following:	
Accident, suicide, or homicide?, 19, 19,	
Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury	
Nature of injury	
24. Wes diseasa or Injury in any wey related to occupation of deceased?	
(Signed) Elgav M. 189 ush m. p.	
(Address) / Hampslead Md	0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ! 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		o.	

MARGIN RESERVED FOR BINDING

	Village or City	Baltimore Halethorp	0		No. Selma Avenue
			eth occurred_L	L⊈ Grsmos	f death occurred in a hospital or institution, give its NAME inste sds. How long in U.S. if of foreign birth?
2	(a) Residence:	e No. Selma A		ethorpe	St., Ward. If nonresident give o
	PERSONAL	AND STATISTIC			MEDICAL CERTIFICATE OF
	Male 4	COLOR OR RACE White	OR DIVORCED	tied, WIDOWED, (write the word) Ldowed	21. DATE OF DEATH March 7, 19 (Month)
5a.	11 married, widowed, HUSBAND of (or) WIFE of	or divorced Mary Fra	nces Sti	er	22. 1 HEREBY CERTIFY.
6. I	DATE OF BIRTH (mo	nth day end veer) Ju	ly 16, 18	353	Hast sew h im alive on 10
	AGE Years 80	Months 7	Days 21	If LESS then 1 day,hrs. ormin.	to heve occurred on the date stated above, at 10.45 The PRINCIPAL CAUSE OF DEATH and releted ocuses of i were as follows:
OCCUPATION	9. Industry or busi work was do SAW MILL, E 10. Dete decessed is	ne, as SILK MILL, BANK, etcast worked et on (month and		ne (yeers) t in this pation	
12.	BIRTHPLACE (city or (Stete or country)		ore yland		Other Canbibutery Capes of importance:
HER	13. NAME	William H	enry Stie	er	
FATH	14. BIRTHPLACE (cit (Stete or cou	ty or town)	aryland		Neme of operation
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (cit (Stete or cou	ty or town)	Ann Hiltoryland	on	23. If deeth wes due to external causes (VIOL ENCE) fill in a Accident, suicide, or homicide? Date of
2		William Hen		Jr.	Where did injury occur?(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME, of
	TIME OR WINDS	elma Ave., Ha	lethorpe		Spoon, whether many occurred in the boster, in nome, o
17.	(Address) S∈ BURIAL, CREMATION	elma Ave., Ha	1/6	6 10,1034	Menner ol injury

02491

(31)			0
	Registrati	on Dist. No	42
No. Selma A death occurred in a hospital or institution ds. How long in U.S. if	Avenue ution, give its NA	ME instead of s	
ier, Sr.			
St., Ward.			
		lent give city or 1	
MEDICAL C	ERTIFICA	TE OF DE	ATH
21. DATE OF DEATH	March (Month)	7, 1934 (Dey)	, 193 (Year)
1 HEREB Hast sew h. im alive on to heve occurred on the date state	1934, to	~ 7	attended deceased from 7, 1934 1934; death is said
The PRINCIPAL CAUSE OF DEA were as follows:		auses of importa	Date of onset
eligion	- Mi		2
Other Cantibutory Cances of imp	ortance: D	Ste	la-
Neme of operation	They	0.1	here an eulopsy
23. If deeth wes due to external ca	uses (VIOLENCE) fill in also the	lollowing:
Accident, suicide, or homicide?		Date of injury	y, 19
Where did injury occur? Specify whether injury occurred i	(Specify city	or town, county HOME, or in PU	y and State) BLIC PLACE.
Menner ol injury			
, , , , , , , , , , , , , , , , , , , ,			
Nature of injury			
Nature of injury24. Was disease or Injury in eny w			ased?
24. Was disease or Injury in eny w	way releted to occ	cupation of dece	ased?
24. Was disease or Injury in eny w	way releted to occ	cupation of dece	M. D.

If more blanks are needed, address State Registrar,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "milly etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

operative,

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Example 1		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement ACTLY properly classified. ARGIN RESERVED FOR BINDING EX certificate. stated INFADING INK-THIS IS of See instructions on back plnods so that it may supplied. CAUSE OF DEATH in plain terms, mation should be careful TION is very important. -WRITE PLAINLY,

V. S. No. 1

18. BURIAL, CREMATION

(Address)

19. UNDERTAKER

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Dalainore	Registration Dist. No. 3. 492
Village or City Boung	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred \$\frac{7}{0}\$ yrs,mos. 2. FULL NAME Williams Melso	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Month) (Day) (Year)
5a. If married, withoused or divorced HUSBAND of (or) WHEE of Magazine H Attacks of the	22. / I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, 124, and year) august 24-1861	Hept 197, to MAN 23 , 1974 Hast saw h 1 1/1 alive on 3 1/1 1914 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Harwey SAWYER, BOOKKEEPER, etc.	Coronary Thrombon
kind of work done, as SPINNER, Harrie SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 3 11. Tetal time (years) this occupation (month and	
20. Date deceased last worked at 3/2/34 11. Tetal time (years) spent in this year) cocupation	
12. BIRTHPLACE (city or town) Wary laved	Other Contributory Causes of importance:
13. NAME Benjamin M. Stocksdale 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city for town) Mary Land (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha a algire 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide? Date of injury 19
17. INFORMANT Mrs Wry M Stocksdele	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury Nature of injury

If so, specify (Signed).

24. Was disease or injury in any

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 SIS	1			
	1			
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUILDAD V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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ADDITIONAL	SPACE FOR	RFURTHER	STATEMENTS	BY	PHYSICIAN

ADDITIONAL	SPACE FOR FU	KIHEK SIAIE	MENIS DI TI	IISICIAN	

V. S. No. 1

1./		OF MARYLAND-	-CERTIFICATE OF DEATH	02494
1	County Dallen		Pacietastian Diet Nu. 4	-2
/	Village or City Halet	tool		Ward
			(If death occurred in a hospital or institution, give its NAME instead of street an	d number)
	Length of residence In city of Jown whar	e death occurred	osds. How long in U.S. if of foreign birth? 9. 3 yrs.	_mosds.
2.	FULL NAME	12 mal	wilger	
	(a) Residence: No. 2/4	(Usual place of abode)	St., Ward. If nonresident give city or town a	nd State
	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX	Towar Mhile	5 SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH Murch 36 th	, 193 <u>4</u> (Year)
	married, widowed, or divorced	Thalivityer	22. I HEREBY CERTIFY. That I attended	ed decaasad from
6. DA	TE OF BIRTH (month, day, and year)	aml 7- 4858	I last saw h. alive on Merch 26th 192;	death Is said
7. AGI	E Years Months	Days If LESS than 1 day,hr	to have occurred on the data stated above, at	
1 /	13 19	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NO	8. Trada, profession, or particulal kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	housewite.	Governo delle os the	······································
CUPATION	9. Industry or business in which		result 7 Penetus.	
	work was done, as SILK MILL, SAW MILL, BANK, etc O. Data deceased last worked at	11. Total time (years)	6	
OX	this occupation (month and year)	spent in this		
12 D1	INTURE LOT (side on Assert)		Other Contributory Causes of importance:	Lev no
12, 01	(State or country)	nany	- fellene alleno scaleris	
HER 1	3. NAME unter	mul.		
_	4. BIRTHPLACE (city or town)	uf.	Name of operation Date of	V
-	(Stata or country)	Termany.	What test confirmed diagnosis? Was there a	n au'opsy?
MOTHER 11	5. MAIDEN NAME	nown.	23. If death was due to axternal causes (VIOLENCE) fill in also the follow	
2 10	6. BIRTHPLACE (city or town) (State or country)	Howw or	Accident, suicide, or homicida? Date of injury	, 19
17. IN	FORMANT Mrs Bertha (Address) 21-127 avel	mufil out	Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	tale) PLACE,
18. BU	Place Wistern SE	metato mar 29,193	Manner of injury	
19. UN	NDERTAKER NAME - (Address) / 2/7 St 7	book and st	24. Was disease or injury in any way related to occupation of deceased?	No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example (I)		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

state

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worke," operative, etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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PHTSICIANS should state Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. E UNFADING INK-THIS IS A PERMANENT I FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED LAINLY, WITH N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	73-0
County Baltimore	Registration Dist. No.
Village or City porrows Tout	No. St., Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME The Halter Tinde	2/
(a) Residence: No. 411 Fet Semmes Point	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OB RACE OR DIVORCED (write the word) Male White Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced Mary & Tinder HUSBAND of (or) WIFE of Married	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) du q 3 1890	, 19, 10
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at
43 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or perticular kind of work done, as SPINNER, & ar penter SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEPER, etc. & ar kewlet 9. Industry or business in which Slave Glant	- f - ' - byg
work was done, as SILK MILL, 6 malsmelon Defet	Corne 1/10 conteles
O 10. Date deceased last worked at	
this occupation (month and 3 - 34 spant in this 20 4 spant in this 20 4 occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME The J. Spider 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME - Elysleth Hall 16. BIRTHPLACE (city or town) - 12 mg mia	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 12 mg mia	Accident, suicide, or homicide? Date of injury, 19
State of county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MINE (with Sender (Address) 4 /1 7 pt Sporono Oom	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
new place Ve Vange Va Date 172 ar 14, 1934	Nature of injury
19. UNDERTAKER John F Denny (Address) 7/5 Lists	24. Wes disease or injury in any way related to occupation of deceased?
20. FILE War 12, 1934 of My Compiled M. C. Registras.	(Signed) of as IV M Micholas Coronof, D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PUDEAU V. S				
Other contributory causes of importance;		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY	PHYSICIAN
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V. S. No. 1

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119/107

OF DEATH			<u> </u>		
Baltimore			Registration Dist. No. 44		
City Colgate esidence in city or town where			NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds		
	n		St., Ward. If nonresident give city or town and State		
NAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
4. COLOR OR RACE			21. DATE OF DEATH March (Month) (Day) (Yoar)		
owed, or divorced			22. I HEREBY CERTIFY. That I attended deceased from		
H (month, day, and year)	?		I last saw h alive on, 19; death is said		
Years Months	Oays	If LESS than I day, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onset		
fession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc r business in which was done as SIIK MILL			Stillborn		
ALL, BANK, etc. ased last worked at cupation (month and	sp	ent in this			
(city or town)	nknown		Other Contributory Causes of Importance:		
	11				
CE (city or town) or country)	17		Nama of operation		
NAME	11		23. If death was dua to external causes (VIOLENCE) fill in also tha following:		
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17			Accident, sulcide, or homicide?		
	17		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
ATION, OR REMOVAL	Date	, 19	Manner of injury		
John G. Con Essex. Md.	nelly		24. Was disease or injury In any way related to occupation of deceased? If so, specify		
	in G. Co	nnelly Registrar.	(Signed) (Address Including M.		
	Baltimore City Colgate esidence in city or town where AME Unknown ence: No. Unknow NAL AND STATIST 4. COLOR OR RACE White Owed, or divorced H (month, day, and year) Years Months ? Years Months ? Years Months ? Years Months ? Years Months (cears Months ? Years Months (cears Months ? Years Months (city or town) Ountry) CE (city or town) Or country) NAME CE (city or town) Or country) ATION, OR REMOVAL YEARS Md John G. Con Essex Md	Baltimore City Colgate esidence in city or town where death occurred. AME Unknown Baby Boy ence: No. Unknown (Usual place) NAL AND STATISTICAL PART 1, COLOR OR RACE S. SINGLE, MA OR DIVORC Owed, or divorced H (month, day, and year) Years Months Oays ? Plession, or particular f work dona, as SPINNER, ER, BOOKKEPER, etc. r business in which was done, as SILK MILL, MILL, BANK, etc. ased last worked at cupation (month and os (city or town) Or country) W CE (city or town) Unknown or country) W ATION, OR REMOVAL PASSEX Md. Date. John G. Connelly Essex Md.	Baltimore City Colgate Sidence in city or town where death occurred yrs mos. AME Unknown Baby Boy Ence: No. Unknown (Usual place of abode) NAL AND STATISTICAL PARTICULARS ACOLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Owed, or divorced H (month, day, and year) Fears Months Oays If LESS than 1 day, hrs. or min. Fers, BOOKKEPER, etc. rounds done, as SPINNER, ER, BOOKKEPER, etc. rounds done, as SILK MILL, MILL, BANK, etc. asced last worked at cupation (month and saced last worked at cupation (month and soccupation) Cet (city or town) Unknown OCE (city or town) Trunch Cet (cit		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other centributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPATION

FATHER

MOTHER

17. INFORMANT ___

19. UNDERTAKER (Address)

(Address)

(Stata or country)

FOR BINDING

MARGIN RESERVED

Poland

son

No. Tuberculo death occurred in a horpital or inst 21 ds. How long in U.S.	Registration toriumst., AE instead of street	Ward number)ds.	
St., Ward.	Balti	more, Mo	
MEDICAL	CERTIFICAT	E OF DEATH	Maria de la companya della companya
21. DATE OF DEATH			
	(Month)	4th (Day)	193 <u>4</u> (Year)
Sept. 11th, I last saw h.e.r aliva on to have occurred on the date st. The PRINCIPAL CAUSE OF DE wera as follows:	March ated above, at 9:	4th, 193	DOCUMENT AND THE
			Date of onset
Pulmonary to	iberculo	sis	March 1930
Other Cantributary Causes of im	nportance:		
None			
Name of operation NO O	peration	Date o	
What test confirmed diagnosis?	X-ray,	and was thera	an au'opsy?_NO
Accident, suicide, or homicide?			
Where did injury occur? Specify whether Injury occurred	(Specify city of in INDUSTRY, In H	t town, county and : OME, or in PUBLIC	Stale) PLACE,
Manner of injury			
24. Was disease or injury in any If so, specify (Signed) (Address) Mt.	yay related to occur. Wilson	patlor of deceased?	NO

If more blanks are needed, address State Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
To the second se	Ven C		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

Ç		THURST WEST TOR DIVISION	תבו א זוכו	TOT	BUTTONIO)
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT M.CO Every item of infor-	Y, WITH	UNFADING IN	K-THIS	IS A P	ERMANENT	n. CO. Every	item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state	carefully	supplied. AGE s	hould be	stated	EXACTLY	PIIYSICIANS	should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	rH in plain	n terms, so that i	that it may be properly	properly	y classified. I	Exact statement	of OCCUPA-

N. B.-WRITE PLAINLY, W.

V. S. No. 1

TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 02499
1. PLACE OF DEATH ,	
County Ballemore	Registration Dist. No. 40
Village or City Wolch Ciff	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sister Wary Edith Weeker	ier
(a) Residence: No. <u>Villa Maria</u> (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Terrale White Single	21. DATE OF DEATH Warch 31, 193 4 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	Och. 15 ,1932, to Warch 31 ,1934
DATE OF BIRTH (month, day, and year) Och. 22-1862	I last saw h_la_aliva on_March_28, 1934; death is said
AGE Years Months Days If LESS than 1 day,hrs.	THE TRINGITAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were as rollows: Apoplexy Oate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Pochlester, U. Y. (State or country)	Other Cautributary Causes of importance: and Hypsuleusi on
13. NAME Joseph Weckeyer	
14. BIRTHPLACE (city or town) Germany (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frances Schrob	23, If death was due to external causes (VIOL ENCE) fill in also the following:
J.6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
17. INFORMANT Ss. Mary Clara (Address) Hotel Eliff	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wolch Cliff Abopate Spril 3, 1934	Manner of injury
19. UNDERTAKER Frank a. Fink (Address) 915 m. Gay 15 /3 et 16/	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 2, 1934 Milter M. Hammet	(Signed) Sull Sull M. D. (Address) Sull Sull M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DR 3 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS B	BY	STATEMENTS	FURTHER STATEMENTS BY PH	YSICIAN
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-WRITE

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V. S. No. 1

STATE O	MARYL	AND-CER	TIFICATE	OF	DEATH
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U	4	27	V	1	,

1. PLACE OF DEATH	_		93-e	2000
County Baltimore			Registration Dist. No. 37	
Village or City Woodlawn Length of residence in city or town where de	eath occurred Lif	(If	No. Dogwood Rd. & Proctor Ave.st., death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long In U.S. If of foreign birth?	imber)
2. FULL NAME	Caroline	Widerman	1	
(a) Residence: No. Dogwood Ro		r Ave.,		tate
PERSONAL AND STATISTIC	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIE OR DIVORCED (Widow	(write the word)	21. DATE OF DEATH March 8, 1934 (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Phil	lip Wider	nan	22. I HEREBY CERTIFY. That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) Apr	ril 14, 18	365	I last saw h er alive on woh 8 19 3 ×	death is sald
7. AGE Years Months 68 10	Days 24	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 8 . 50 Am. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Tolaf lim	e (years)	Myseardila	Pu 19
year) 12. BIRTHPLACE (city or town) Baltim	occupe	in this ation	Other Centributory Causes of Importance:	1 sweet
13. NAME John A.	Euler			
13. NAME John A. 14. BIRTHPLACE (city or town) (State or country)	ermany		Name of operation Date of What test confirmed diagnosis? Quickly Use Lives there an au	topsy?_ho
15. MAIDEN NAME Annie Mar	ie Stone		23. If death was due to externel couses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	ermany	*******	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Miss Clara Wid (Address) Dowood Rd & Pr		.,Woodlaw	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Slive Cempto	Tye March	h 20 , 19 34	Manner of injury	
19. UNDERTAKER OJE W. Balti	more St.		24. Was disease or injury In any way related to occupation of deceased?	<u></u>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	1.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and re of importance were as follows:	
Arteriosclerosis	1915	Attack of epileps RECHIVI	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis MAR 12 1934	3 days ago
		BUREAUV	R
Other contributory causes of importance:		Other contributory causes of import	ance.
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

certificate.

See instructions on back of

very important.

19. UNDERTAKER

20. FILEDS

(Address)

of OCCUPA-

STATE O 1. PLACE OF DEATH County Baltimore Village or City Alberton Length of residence In city or town where do 2. FULL NAME Same) ————————————————————————————————————	Registration Dist. No. No. St., death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign blrth? yrs. """	
(a) Residence: No. Albe	Mon ms. (Usual place of abode)	St., Ward. If nonresident give city or town and	I State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 19 (Month) (Day)	, 193 4 (Year)
7. AGE Years Months 6 7 6 7 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sherman -4-1866 Days If LESS than 1 day, hrs. or min. Catlow mill	I HEREBY CERTIFY, That I attended Annually 1, 1937, to Malch I I last saw h Im alive on March IB, 1937 to heve occurred on the date stated above, at 3.29 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Multitle Mellitus	9, 19 34
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	11. Total time (years) , spent in this occupation	Other Contributory Causes of Importance:	
(State or country)	son Wilso	Coma	mar 18
13. NAME William Net 14. BIRTHPLACE (city or town) (State or country) Mg	reflant.	Name of operation Pone Date of What test confirmed diagnosis? When alysis Was there an	autopsy? 240
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT SSLIPEN (Address)	iknown iles	23. If death was due to external causes (VIOLENCE) fill In also the followin Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	, 19
18. BURIAL, CREMATION, OR JEMOVAL	co/ ned-	Manner of injury	**********

Registrar.

Nature of injury_ 24. Was disease or injury in any way related to occupation of

If so, specify (Signed)

(Address) needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

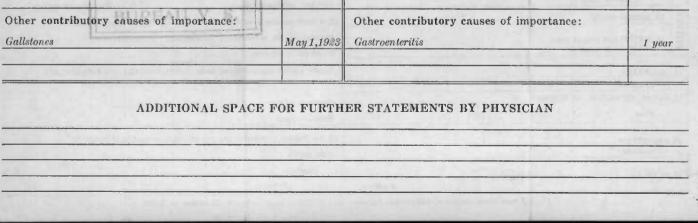
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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR B 1934 LL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



id si	County	Bal	timere	2.	Registration Dist. No.	4
should of OCC	Village or C	ity Fort.	Houra		NoSt., death occurred in a hospital or institution, give its NAME instead of street and	Ward
70	Length of resid	dence in city or town where	death occurred		ds. How long in U.S. if of foreign birth?yrsn	
Every CIANS ement	2. FULL NAI	ME WAL	TER.	ODEL	-L WILLIAMS.	
Sign	(a) Residen	ce: No. Same	e as a	hove	St., Ward. If nonresident give city or town an	d State
S E A	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
U.Y. Exa	3. SEX male	4. COLOR OR RACE White.		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH May 16.	, 193 - (Year)
DING IANEN A C T I	5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. HEREBY CERTIFY, That I attended	I deceased from
BIND FERMA EXA y class te.	6. DATE OF BIRTH (month, day, and year)	ct 11,	1926.	last www h / m alive on War 16 ,19 3:	
FOR I	7. AGE Yea		Days	If LESS than I day,hrs, ormin.	to have occurred on the date stated above, at . Om. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.
D se se se se se se se se se se se se se	kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	no		Lotar premionia	3/15/3
IRVE C-TH tould I may I back	9. Industry of work was	business in which s done, as SILK MILL, L, BANK, etc			Spartie paraplegia.	byrs.
RESER NG INK- AGE shou that it m ions on ba	10. Date decease this occur year)		spa occ	time (years) ent in this upation	Other Coutributory Causes of importance:	
RGIN INFADINA plied. A rms, so t	12. BIRTHPLACE (cit (State or cour			crolina	•	
RG NF plie plie rrms instri	ដ្ឋ 13. NAME	Matter 1	North	Williams		
MAR UNF y suppli ain tern See ins	13. NAME 14. BIRTHPLACE (State or		temp	1. C.	Name of operation Date of What test confirmed diagnosis? Exam Was there an	autopsy? 20.
Wri full n pl	15. MAIDEN NA 16. BIRTHPLACE	ME Calle	e Cavi	ness.	23. If death was due to external causes (VIOLENCE) fill In elso the following	ng:
Y, Y, rare H is		(city or town)	oward	1 mills	Accident, suicide, or homicide? Date of injury	, 19
AINL	2 (State or	Malter V	v. War	1.C.	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
TE shoul E OF is ver	(Address) 18. BURIAL, CREMAT	TON, OR REMOVAL	re Co. 2	1.e.	Manner of injury	
wRIT mation CAUS	19. UNDERTAKER (Address)	con 6	Pan	2 St.	24. Was disease or injury in any way related to occupation of deceased?	no.
N. S. N.	20. FILEDMAN.	17 15 194 4	mc Co	mick M	(Signed) A. M. Molling (Address) Spairous Point	r. ned
selsen V.	ca motor	Cac. If mor	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH 02502

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite torms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	PECKIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitiat ne		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 5 1984	July 5, 1927	Perilonilis	3 days ago
	BUREAU V S			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 уеат

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE

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V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	503
1. PLACE OF DEATH		93-1	000
County Baltimore Co.	Maryland	Registration Dist. No.	
Village or City Rockdale		NoSt.,	Ward
Length of residence in city or town where death	necurred 10 we mos	death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U. S. If of foreign birth?	er) de
	"1		
2. FULL NAME Amelia Alt			
(a) Residence: No. Liberty F	(Usual place of abode)	ES StAVE • Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	R DIVORCED (write the word) Widow	March 15 (Month) (Day)	34
5a. If married, widowed, or divorced	WIGOW	(Month) (Day)	(Year)
HUSBAND of Samuel H. Woll	schlager	22. I HEREBY CERTIFY, Thet lattended dece	ased from
		march 12, 1934, to march 15,	
6. DATE OF BIRTH (month, day, and year) Janu	ary 20, 1861	I last saw h 15 alive on March 15 ; 19 3 4; de	eth is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at. 4	
73 1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te ol onset
8 Trade, profession, or particular kind of work done, as SPINNER,	None	Anderia felicación (1)	30
SAWYER, BOOKKEEPER, etc.	NOILO	Chronic My ocardial Failure	4.1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	None	f	<i>L</i>
10. Date deceased last worked at	11. Total time (years)		
this occupation (month and year)	spent in this occupation		
Baltimo	re	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Ball of Illic (Slate or country) Marvlar			
1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
E Carme	nv	Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis? Chinical Was there en auton	nuz Na
15. MAIDEN NAME Wilhelmina	Gebb	23. If death was due to external causes (VIOLENCE) fill in also the following:	syt-244
15. MAIDEN NAME Wilhelmina 16. BIRTHPLACE (city or town). Germs (State or country)	anv	Accident, suicide, or homicide? Date of injury	19
O 16. BIRTHPLACE (city or town) GT 1118		Where did injury occur?	,
17. INFORMANT Mr. Samuel H.	Wellschlager	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE	
(Address) Liberty Road &	St. James Ave	, , , , , , , , , , , , , , , , , , , ,	
18. BURIAL CREMATION, OR REMOVAL		Mannag of Latinary	
Place Druid Rodge Cem	me Mar. 17,19 54	Nature of injury	
Wm 17	long the	24. Wes disease or injury In any way related to occupation of deceased?	_
19. UNDERTAKER (Addressy	+ Pa live	If so, specify	
3/17/ 34 mm	Bu hohert	(Signed) some a Maller min	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage . MAY 4 1934	July 5,1927	Peritonitis	3 days ago	
RUDEAU V. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Dr. James A. Miller	
427 Reisterstown Road.	
Pikesville, Md.	



N. B.—WRITE

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	X.	2	6)	d
0	2	0	U	弘

1. PLACE OF DEATH						(11-01)	00001
	County	IJa	llimere	<u> </u>		Registration Dist. No. 4	12
Village or City Halethorpe Md.						No. Ridge Ave St. death occurred in a hospital or institution, give its NAME instead of street	
	Length of res	idence In c	city or town where d	eath occurred 1	O (If	death occurred in a hospital or institution, give its NAME instead of street deathds. How long in U.S. if of foreign birth?yrs	and number)
2	FULL NA	ME	Tohn	Wawrigh			
4.	(a) Resider			e Ave	10	St. Ward.	
	(a) Nesidei	ice. 110	111778	(Usual place of	of abode)	If nonresident give city or lown	and State
			ND STATISTI			MEDICAL CERTIFICATE OF DEAT	Н
3. SI	ale	4. COLO	OR OR RACE White		RIED, WIDOWED, (write the word) ried	21. DATE OF DEATH March 13 H	, 193 4/ (Year)
	f married, widow HUSBAND of	red, or div	11-2-2-2	112 000			
	(or) WIFE of			Wright		22. I HEREBY CERTIFY, That I attended to the state of the	ded deceased from
6. D	ATE OF BIRTH	(month, da	ay, and year) A	pril 16	1876	I last saw h lea alive on Murch 12th 195	death is said
7. A	GE Yes	ars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
-		57	10	25	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
NO	8. Trade, profe	ssion, or p	particular , as SPINNER, In EPER, etcIn	gungnes	egent	Alan Menn Dain	2 7 2 /
1TV						o de la companya de l	3-1-54
OCCUPATION			n which SILK MILL, etcSt				
8	10. Date deceas	pation (mo	orked at onth and 2/28	11. Total til	me (years) tin this pation		
						Other Contributory Causes of importance:	
12. I	BIRTHPLACE (ci (State or cou		Lanc	Va.	0.	Juflinga -	7-74-34
ER	13. NAME EC	lwin	T.Wrigh	t.			
FATHER			own)		ia	Name of operation. Date	of
-		country)				What test confirmed diagnosis? Was there	an autopsy?_No
HER	15. MAIDEN NA	ME	Maria	Lamkin		23. If death was due to external causes (VIOL ENCE) fill in also the follow	wing:
MOTHER			own)	Virgin	ia	Accident, suicide, or homicide? Date of Injury	19
		country)		L		Where did injury occur? (Specify city or town, county and	State)
17. 1	NFORMANT (Address)		S.Wrigh		ne Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
(Address) Ridge Ave Halethorpe Md. 18. BURIAL, CREMATION, OR REMOVAL					De ma	Manner of injury	
	PlaceLoui	don.	Park Cer	L. Date Mar	16 1934	Nature of injury	
19. L	JNDERTAKER	Have	of H. as	macos	* room	24. Was disease or Injury in any way related to occupation of deceased	1 INP
	(Address)	420	4 Ridgew	rood Ave	• /	If so, specify	
20. F	ILEB ASIA	14	19348	1. An	Kield	(Signed) / Educat. / Veiller	
	.,,,,	/	/ ' (Registrar.	(Address) Pelay - Ned,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0

1. PLACE OF DEATH County Scaldward Registration Dist. No. Village or City Conformation Street and nu Length of residence in city or town where death occurred yrs. I mos. B.ds. How long in U.S. If of foreign birth? 25 yrs. mos. 2. FULL NAME 2 Any Scaldward (Yaeger)	ds.
Village or City Control of the State occurred in a horpital of institution, give its NAME instance and nu Length of residence in city or town where death occurred yrs	mber) ds.
(If death occurred in a horpital & institution, give its NAME instance and nu Length of residence in city or town where death occurred yrs. I mos. B.ds. How long in U.S. If of foreign birth? 2 yrs. mos.	mber) ds.
Length of residence in city or town where death occurredyrs,mosds. How long in U.S. if of foreign birth?mos.	ds.
2. FULL NAME Mary Galder (Yaeger)	ate
	ate
(a) Residence: No. 173418 Federal St., Ward. Baltings. (Usual place of abode) St., Ward. Baltings.	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Pensale Watte 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Constant (Month) (Day)	193 4/- (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Poct. Yalger 22. J. HEREBY CERTIFY, That I ettended de Jany 22, 19.34, to 90.64.	ceased from
6. DATE OF BIRTH (month, dey, and year) July 19" 1873 I lest saw her alive on Such 4, 1934;	death is said
7. AGE Yeers Months Days If LESS then to have occurred on the dete steted ebove, at 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
(2) Of min. were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc. Housewife	
I Industry or hyginese in which	3 day
year) - 34 occupation lenk	
Other Contributory Causes of importance:	
(State or country) Germany Marie Depressive	12210
13. NAME Joeph Zirkelbach 14. BIRTHPLACE (city or town) Name of operation Date of	
What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME Barkara Falal 23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury Date of injury	, 19
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Ophia Pleinman Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC (Address)	
18. BURIAL, CREMATION, OR REMOVAL MOSAHOLV Redeemer Cam. Mar. 8. 1834	
HENRY SANDER & SONS INC. 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24.	6
20. FILED. 3/17, 192, Alle (Signed) Doct & Garrett	M. D.
If more blanks are healt, address State Kexistrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. r.	

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Example I		Example II
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes Date of onset of importance were as follows: Attack of epilepsy 1 week ago
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE TAINLY, WITH UNFADING INK—THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
7	1.	T	1

V. S. No. 1

150 Marshall B Wast 308 Anchesida au							
STATE OF MARYLAND—	CERTIFICATE OF DEATH						
1. PLACE OF DEATH	72:00						
County Balto	Registration Dist. No. 30						
Village or City Catous villa	No. 101 Jugle side aug Ward						
Y., (If	death occurred in a hospital or institution, give its NAME instead of street and number)						
	ds. How long in U.S. if of foreign birth?yrsmosds.						
2. FULL NAME Volu / Zinn E	Control of Control						
(a) Residence: No. Of Jung & Scale (Usual place of abode)	Aust., Ward. Cather Sort le						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21 DATE OF DEATH						
Mala White OR DIVORCED (rurite the word)	Mar 15- 1934						
5a. If married, widowed, or divorced	(Month) (Day) (Year)						
HUSBANO of (or) WIFE of	22. A 1 HEREBY CERTIFY. That I attended deceased from						
7 14 1-1	Jalu 2 ,1934, to March 15, 1934						
6. DATE OF BIRTH (month, day, and year) une 6 - 1926	I last sew h alive on una 112, 1934; death is said						
7. AGE Years Months Oays ILLESS than 1 day,hrs.	to have occurred on the date stated above, at A.s.m.						
7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:						
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROMKETERS at the same of th	100 h						
S. Hale, profession, or particular, or particular with a constraint of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked et this occupation (month and this pocunation (month and speak).	Seukemea myslozenia 3 mos						
work was done, as SILK MILL, Salos	A						
10. Oate deceased last worked et this occupation (month and spant in this	<u> </u>						
year) spant in this							
12. BIRTHPLACE (city or town) Balto	Other Contributory Causes of importance:						
(State or country)							
13. NAME John W. Zinge Erman	II-The						
13. NAME Of W. Zsin necrusar 14. BIRTHPLACE (city or town)	Name of operation Date of						
(State of Country)	What test confirmed diagnosis? Blood 2est Wes there an au'opsy? Mc						
15. MAIDEN NAME Regina Krietzburg 16. BIRTHPLACE (city or town) wieber And	23. if death was due to external causes (VIOLENCE) fill in also the following:						
0 16. BIRTHPLACE (city or town) werber land	Accident, suicide, or homicide? Oate of Injury, 19						
X (State or country)	Where did injury occur?						
17. INFORMANT John W. Janeserme and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,						
(Address) of Juggleside line							
18. BURIAL, CREMATION, OB REMOVAY	Manner of injury						
Place Mile Campile Oate March 17 , 1934	Nature of injury						
19. UNDERTAKER TOTAL COOK	24. Was disease or injury in any way related to occupation of deceased?						
(Address) 1217 It Paul I	If so, specify						
20. FILED March 16, 1934 Marshall B lord	(Signed) Marshall 13 Wish M. D.						
Registrar.	(Address) Catonully High						
If more blanks are needed, address State Registrar	2472 N Charles Sweet Ralimore Peausting 71 S No -						

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
REPORTED S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

